

164TH
ANNUAL REPORT
OF
THE SOCIETY OF
THE LYING-IN HOSPITAL
OF THE CITY OF NEW YORK



FOR THE YEAR

1962

530 EAST 70th STREET, NEW YORK 21, N. Y.



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Dr. Byron H. Goff

1883-1962

Dr. Byron H. Goff—1883-1962

The New York Lying-In Hospital and the Department of Obstetrics and Gynecology of the Cornell University Medical College have suffered a grievous loss in the death of Dr. Byron Goff on June 23, 1962.

Byron Heazelton Goff was born December 22, 1883 in Pittsburgh, Pennsylvania, the son of John Goff and Ellen Maria Heazelton Goff. He prepared at the Shady Side Academy in Pittsburgh and then entered the University of Pennsylvania where he received the B.S. degree in 1908 and the M.D. degree in 1911. He spent three years in New York City completing intern and resident training at the Lying-In Hospital and the Woman's Hospital of the State of New York.

Dr. Goff was appointed to the Staff of the Woman's Hospital, serving as Junior Attending Surgeon 1915 to 1927 and Attending Surgeon from 1927 to 1934. In 1952 he was made Consultant in Obstetrics and Gynecology to the same hospital serving until 1962.

At The New York Hospital, Dr. Goff was appointed Associate Attending Obstetrician and Gynecologist in 1934, and Attending Obstetrician and Gynecologist from 1936 to 1949, and Consultant from 1949 to 1962. On the faculty of the Cornell University Medical College he held the position of Assistant Professor of Clinical Gynecology and Obstetrics from 1934 to 1941, Associate Professor from 1941 to 1950, Clinical Professor from 1950 to 1953 and Emeritus Clinical Professor from 1953 to his death.

Dr. Goff contributed richly to the literature and teaching of pelvic anatomy and vaginal plastic surgery. He frankly criticized certain time-honored procedures which he considered to be based on misconceptions of the supporting structures of the female pelvis. He simplified and standardized his technic and stressed the avoidance of tissue trauma, and the superiority of non-absorbable sutures in the healing of abdominal incisions. Dr. Goff also made valuable contributions, to the standardization of in-hospital treatments, clinical records, weekly staff conferences, follow-up clinics and the Annual Audit of work done.

As a teacher, Dr. Goff combined sound principles, extensive practical experience in both branches of his specialty and faithful evaluation of end results with keen humor and rare ability as a raconteur to drive home many a point in diagnosis or management. Thus he will be long remembered by his many friends and associates, as well as by a host of devoted patients.

He was a diplomate of the American Board of Obstetrics and Gynecology; and a Founding Fellow of The American College of Obstetricians and Gynecologists. He was a Fellow of The American College of Surgeons, American Medical Association, American Gynecological Society, New York Obstetrical Society, and New York Academy of Medicine, as well as the alumni associations of The Lying-in and Woman's Hospitals. He was a member of the University Club of New York City.

Dr. Goff devoted fifty years of his life to clinical investigation, teaching and practice of his specialty. Yet he found time to follow his two chief hobbies: photography and a keen interest in pedigreed dogs.

After a rather long illness he died June 23, 1962. His wife, Amy Menge Goff had died in 1952. Dr. Goff is survived by a daughter, Mrs. Ellen Schwerin, a son, Byron Heazelton Goff, Jr., and two grandchildren.

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HISTORICAL DATA

The New York Lying-In Hospital was incorporated on March 1, 1799, and opened its doors to receive patients, at No. 2 Cedar Street, in August of that year.

Its association with The New York Hospital dates from 1801. Dr. David Hosack, who was the prime mover in the founding of The Society of the Lying-In Hospital, was an attending physician at The New York Hospital and he brought about a lying-in ward in the latter hospital to which the subscribers to the Lying-In Hospital "had the liberty to recommend patients."

This relationship continued until 1827, when the two institutions, "inconveniences having arisen," parted for one hundred and one years. Each then went its own way, moving further uptown, each into its own enlarged quarters, and remained independent until 1932, when The New York Hospital-Cornell Medical Center was built and opened on York Avenue between East 68th and East 71st Streets.

In 1928 an agreement was executed between the two societies whereby The Lying-In Hospital became permanently included in this new medical center, as an integral part of The New York Hospital. Thus, The Lying-In Hospital, without formal merger, became the Obstetrical and Gynecological Department of The New York Hospital.

The 1928 agreement stated "unless and until a merger or consolidation of the two institutions shall be effected, the maternity unit to be conducted by The New York Hospital shall be continued to be known and designated as the 'Lying-In Hospital'."

On May 15, 1947, pursuant to Chapter 223 of the Laws of 1947, State of New York, The Society of the Lying-In Hospital was legally merged into The Society of the New York Hospital, and thereby became the Department of Obstetrics and Gynecology of The New York Hospital.

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MELVILLE A. PLATT, M.D.

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THOMAS C. PEIGHTAL, M.D.	

*Deceased June 23, 1962.

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BENJAMIN E. MARBURY, M.D.

CHEMIST

ROY W. BOSNES, PH.D.

*Until June 30, 1962. ‡From July 1, 1962 to September 30, 1962. †Until March 3, 1962.

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REPORT OF THE PRESIDENT

In presenting the 164th Annual Report of The Lying-In Hospital for the year 1962, I wish to express on behalf of the Board of Governors of The Society of the New York Hospital, its pride in what has been accomplished and the splendid record of achievement attained.

In the following report Dr. R. Gordon Douglas, Obstetrician and Gynecologist-in-Chief of The Lying-In Hospital, notes the completion of the Hospital's thirty years of service in its present location here at the Center. In this span of time 316,920 patients, including infants, have been cared for and live births delivered in the Hospital constituted 8 per cent of all live births in the Borough of Manhattan over that period.

Significant of the advances which were demonstrated during last year in improved care and techniques is the fact that while the number of live births totalled 4,749, representing almost 10 per cent of all births in the Borough of Manhattan, the perinatal mortality rate was the lowest in the history of the Hospital.

Of particular interest in Dr. Douglas's report are the forward steps which have been taken in many different ways to insure the best care for patients, both adult and infant, and the institution of promising new programs of research in existing problems in the obstetrical and gynecological field. He also points out the urgent need for improved out-patient facilities, the renovation of which depends upon the generosity of the Hospital's loyal friends.

Dr. Douglas reports that several of the larger voluntary and municipal hospitals are being reorganized with full time directors and associate directors of the clinical services. We feel honored that doctors from our staff have been selected to fill these positions and we are fortunate that these doctors will be able to continue to serve this Center in a limited manner.

To the entire staff of dedicated doctors, nurses and research scientists, our Ladies' Auxiliary, the Social Service Department and all who gave of their efforts to contribute toward the banner year of 1962, the Board of Governors expresses its grateful thanks and appreciation.

FREDERICK K. TRASK, JR., *President*

REPORT OF THE OBSTETRICIAN AND GYNECOLOGIST-IN-CHIEF

To the Board of Governors of
THE SOCIETY OF THE NEW YORK HOSPITAL

GENTLEMEN:

I have the honor of presenting herewith the 164th Annual Report of The Lying-In Hospital of the City of New York for the year 1962.

It was 30 years on September 1, 1962 since the Hospital was opened at its present site. For this reason this report includes a number of figures and tables illustrating changes and trends that have occurred during the past 30 years.

The total number of patients cared for in this Hospital, including infants in this 30 year period was 316,920. In terms of service to the community the live births delivered in this Hospital constituted 8 per cent of all live births occurring in the Borough of Manhattan in the over-all period, and in the most recent 5 years nearly 10 per cent.

Bed Complement and Occupancy Rates:

The rate of bed occupancy during the year was 63.2 per cent on the pavilion service, 92.4 per cent on the semi-private service and 88.5 per cent on the private service. These figures compare with 66.7 per cent, 93.3 per cent and 87.9 per cent for the year 1961. These data indicate that the pavilion service is not being used to maximum capacity and that the semi-private and private facilities are being utilized at more than capacity. As previous reports have stressed, the continued decrease in the percentage of pavilion patients gives great cause for concern. There are undoubtedly many reasons why there is a smaller percentage of pavilion patients than formerly but certainly one of the reasons is the outmoded facilities in our out-patient department. Renovation of these facilities, which have not been changed since construction over 30 years ago, has high priority and is urgently needed. It is hoped that the funds for this major reconstruction will be made available during the coming year.

Statistics:

Total discharged patients, including newborn, numbered 13,339 during the year as compared with 13,862 in 1961. Adult discharges were 8,522, some 305 less than in the previous year.

Of these, 5,836 were obstetrical and 2,686 gynecological patients. Total private-semi-private discharges constituted 56 per cent as compared to 44 per cent from the pavilion service. This latter figure compares to 45 per cent for 1961.

There were 5,845 discharged patients involving 5,300 pregnancies from the obstetrical service during the year and 4,768 deliveries as compared to 4,974 during the year 1961. Total live births during the year numbered 4,749. Live births in Manhattan for the same period numbered 48,407 and accordingly those on our service represent almost 10 per cent of all births in this borough.

Spontaneous abortion (miscarriage) and the premature onset of labor, represent the greatest cause of pregnancy wastage. The 528 pregnancies that terminated in spontaneous abortion represent 10 per cent of the total pregnancies. In addition, the 345 pregnancies terminated by premature onset of labor resulting in births of premature babies, represent 6.5 per cent of the total pregnancies. Thus 16.5 per cent of all pregnancies were terminated by spontaneous abortion or premature delivery. The further significance of prematurity is attested to by the fact that of the total 113 perinatal deaths, 79 (69.9 per cent) occurred in premature infants.

There were 295 cesarean sections performed compared to 252 in the year 1961. This represents an incidence of cesarean section of 6.2 per cent as compared to 5.1 per cent in 1961. On the semi-private-private service, the increase was from 6.5 per cent in 1961, to 8.5 per cent in 1962, and on the pavilion service from 3.7 per cent to 4 per cent. It is apparent that this substantial increase in incidence is almost entirely due to the increase on the semi-private-private service. It is significant to note that 18 of these operations were done on an indication that was non-existent a few years ago, i.e. previous Shirodkar operation.

Of the 5,300 pregnancies cared for, 4,158 were white (78.4 per cent), 481 Puerto Rican (9.1 per cent) and 614 Negro (11.6 per cent). Other ethnic groups accounted for 47 (0.9 per cent). These figures are important in evaluating the statistical results because of the somewhat lower maternal and perinatal mortality rate in the white race in this area.

There were 5,836 adult obstetrical discharges as compared to 6,129 in 1961, a numerical decrease of 293 (4.8 per cent). The pavilion discharges constituted 49.9 per cent of the total adult obstetrical discharges. There were 2,686 discharges from the gynecological service as compared to 2,698 in 1961, a decrease

of 12 (0.4 per cent). The total adult discharges from both services decreased from 8,827 in 1961 to 8,522 in 1962, a decrease of 305 or 3.5 per cent. Of the total discharges on the gynecological service, 69.8 per cent were private or semi-private, and 30.2 per cent were pavilion. This represents a precariously low percentage of pavilion patients in comparison to the total load of private and semi-private patients.

The perinatal mortality consisted of 113 of 4,808 infants (including multiple births) weighing 500 or more grams (1.1 lbs.). This represents a total perinatal mortality rate of 2.3 per cent which is the lowest rate since the inclusion of infants with birth weights of 500-1499 grams beginning in the year 1951 and the lowest rate in the history of the Hospital.

Of the 113 infant deaths, 79 or 69.9 per cent occurred in premature infants. Only 34 of the deaths were in infants that were of term size (over 2,500 grams), and significantly only 16 occurred in infants weighing 3,000 or more grams (6½ lbs.). There were 27 immature infants, (weighing 500 to 999 grams, less than 2.2 lbs.) and there were five survivors, an outstanding accomplishment. There were 8 fewer infants in this group in 1962 than in 1961. If the infants under 1,000 grams are excluded, the perinatal mortality for all infants weighing over 1,000 grams is 1.9 per cent for 1962 as compared to 2.1 per cent for 1961. For infants 1,500 or more grams, the perinatal mortality was 1.3 per cent as compared to 1.5 per cent in 1961. In term infants weighing 2,500 or more grams (5½ lbs.) the perinatal mortality was 0.8 per cent the same as for the year 1961.

The total number of patients pregnant out-of-wedlock showed a substantial decrease among the 4,768 patients who delivered in 1962, 300 or 6.3 per cent had never been married as compared to 338 or 6.8 per cent in 1961. I attribute the decrease in the total out-of-wedlock patients this year to the fact that referrals from Metropolitan Hospital ceased early in the year.

There were three maternal deaths in 1962. The first of these patients, 33 years of age, incurred cardiac arrest during a cesarean section for antepartum bleeding. A diagnosis of low implantation of the placenta was made. The hemorrhage was estimated at 500 cc. prior to the operation, and only a minimal amount of blood was lost during the surgery. A living infant was delivered 3 minutes after commencement of the anesthesia. Attempts at resuscitation were unsuccessful. The cause of the cardiac arrest was not determined with certainty and autopsy

performed by the medical examiner was not helpful in determining a cause of death. A second death occurred in a 26 year old patient who had a spontaneous abortion followed by septicemia and shock. An autopsy was also done on this patient which revealed extensive pelvic thrombophlebitis and pulmonary embolism as the cause of death. The third death occurred in a 26 year old patient with scleroderma who was admitted on the private service and subsequently transferred to the pavilion service. She had marked hypertension and a generalized convulsion followed by coma. During her hospitalization of 20 days, there was practically no urinary output. Extra renal dialysis was employed, tracheostomy was necessary to maintain an airway, and resort was made to hypothermia. Autopsy was performed and death was attributed to advanced scleroderma.

On the gynecological division of the Hospital, there was a total of 2,686 discharges as compared to 2,698 in 1961. There was a total of 2,440 operations, 894 of them classified as major. There were 18 deaths on this service during the year, 16 of them in patients with malignant neoplastic disease. The causes of death of these patients were as follows: carcinoma of the cervix 6; uterus 2; ovary 2; vagina 1; vulva 1; breast 1; pelvis site undetermined 2; and urethra 1.

There were two deaths in patients who did not have malignant disease, one caused by tubo-ovarian abscess with septicemia and one due to pulmonary embolism.

Physical Changes

Remodeling of the delivery floor was completed in January and installation of the piped oxygen and nitrous oxide in the operating and delivery rooms was completed early in the year and should be effecting a substantial financial saving.

Nurseries:

The redesigned newborn nurseries continued to be operated as experimental units in order to evaluate various modifications in infant care technique, and to continue studies on the epidemiology of nursery infections. It has been demonstrated repeatedly that the principles of design utilized in these units markedly reduce the hazards of infection with a variety of microorganisms. Routine culture of every infant at discharge, and follow-up of a statistical sample of the infants was continued throughout the year. In general, the results indicate a gross colonization rate with potentially pathogenic bacteria of

less than 1 per cent, which is the lowest level we have yet achieved.

Staff:

Dr. Ralph Gause was to have assumed a full time position as Director of Obstetrics and Gynecology to The Roosevelt Hospital on January 1, 1962, but delays in construction of the new facility have deferred this transfer and he is still active on our staff. Dr. E. Thomas Steadman, who will complete his training on June 30 next, has accepted a position as Assistant Director of Obstetrics and Gynecology to The Roosevelt Hospital, effective on July 1, 1963. Dr. Stanley J. Birnbaum has been appointed full time Director of Obstetrics and Gynecology to the Beth-El Hospital in Brooklyn, effective on April 1, 1963. Dr. Hugh R. K. Barber has been appointed Obstetrician and Gynecologist In-Chief to The Lenox Hill Hospital, effective on February 20, 1963. Dr. Robert Landesman has accepted the position as Director of Obstetrics and Gynecology to The Jewish Memorial Hospital. Dr. Thomas L. Ball has resigned as Associate Attending Obstetrician and Gynecologist. Dr. Frederick Silverman, Dr. James C. Warenski, Dr. Charles Hoffman, Jr., Dr. Erwin R. Merkatz, Dr. D. Erskine Carmichael and Dr. John T. Queenan completed their graduate educational program. The latter two are continuing on the staff of the Hospital.

A weekly Obstetrical Immunology Clinic was organized in 1962 by Dr. Queenan which included about 350 Rh-negative patients and in addition, the patients immunized to any of the various blood factors. Antibody titers drawn in the clinic are available that afternoon for the Obstetrical Immunology conference. Dr. Erlandson, Miss Haber, Dr. Queenan and residents from both the Obstetrical and Pediatric departments review all the immunization problems.

Research:

Research in the Chemistry Laboratory of The Lying-In Hospital by Dr. Bonsnes and his associates has continued in several different areas. The data obtained on the plasma 17-hydroxycorticosteroids in pregnant diabetic patients previously described were published.

A major new study started this year has been designed to elaborate further by balance techniques our knowledge of electrolyte, water and nitrogen metabolism in normal pregnancy and in pregnancy complicated by toxemia or renal disease. This

type of balance study has become possible with the opening in April of 1962 of the Eugene F. Du Bois Pavilion.

Dr. Melville A. Platt is responsible for the selection as well as the medical and obstetrical care of the patients admitted to this Pavilion. Dr. Bonsnes is responsible for the metabolic aspects of the study. At the present time the study is directed toward the determination of the minimal daily sodium and chloride requirements. Since facilities, however, are available, they have also been able to conduct balance studies on calcium, magnesium, potassium, chloride and nitrogen. Since this Pavilion opened in April, Dr. Platt has admitted two patients who fitted the plan of study and who agreed to the hospitalization required. One was a patient with chronic renal disease complicating her pregnancy on whom studies were obtained for 52 days; the second had toxemia which started in the 28th week of her pregnancy, and daily studies were obtained on her for 38 days.

Part of the above study but also progressing separately from it, is a study of magnesium metabolism in obstetrical and gynecological patients. This study has become possible because of the recent availability of a new instrument called an atomic absorption spectrophotometer, which can be used to measure magnesium in serum and urine by atomic absorption. Only small amounts of serum or urine are required. The method is extremely rapid and has more than adequate accuracy and precision. Information obtained within the year has already been applied to the care of patients.

The uterine muscle relaxant properties of bradykinin were investigated *in vitro* by Dr. Landesman and associates. The muscle strips were bathed in Mammalian Krebs's Solution at standard temperature and pH. Concentrations of bradykinin as low as 0.4 mg./ml. produce a significant relaxant response. An effective dose in pregnant and nonpregnant muscle is in the range of 0.6 to 1.0 ug./ml. Bradykinin *in vitro* is from 10 to 100 times as effective in dose concentration as isoxsuprine (Vasodilan) which is presently the preferred clinical agent to block uterine contractions *in vivo*. The vasodilator properties of bradykinin make it unlikely that this substance will be of practical use in the prevention of premature labor. Other polypeptides have been studied and angiotensin has been found to have no constrictor activity. At the present time *in vitro* studies of pregnant and nonpregnant uterine muscle have been further extended to determine the quantitative relationship in dosage

of oxytocin, vasopressin, PLV₂ (an analogue of vasopressin), sparteine sulfate, isoxsuprine and bradykinin.

Now available in Dr. Landesman's laboratory is a biological assay technique for the determination of angiotensinase levels, since there is now no practical method available for the measurement of angiotensin itself. The concentrations of this polypeptide in the plasma are in the range of .05 millimicrograms/ml. This biological technique uses the carotid artery pressure of the rat. In normal pregnancy particularly in the third trimester there is an increase in this enzyme. In pre-eclampsia and in pre-eclampsia associated with vascular disease angiotensinase is not only higher in amount but higher levels are present earlier in the pregnancy. These studies will continue in 1963 and Dr. Castellanos will present preliminary data at The National Venezuelan Obstetrical Meeting in January 1963.

A double blind study of the effectiveness of chlorthalidone (Hygroton), a potent diuretic in prevention of toxemia is in the process of evaluation. The study is conducted in collaboration with the Central University at the Concepcion Palacios Hospital in Caracas. The drug is commenced at the 30th week of pregnancy and continued to delivery. The patients are divided into four groups; Normal, acute, previous toxemia and vascular disease. It is hoped that the clinical evaluation will determine whether the routine ante-partum administration of this drug will change the frequency of toxemia, influence fetal survival or merely influence the maternal fluid retention or have any toxic effects. Fifteen hundred patients have already completed the diuretic therapy. This study will continue through 1963.

The process of post-partum immunization was studied; following delivery of the placenta maternal red blood cells tagged with Cr⁵¹ were injected into the uterine cavity. Alterations in the conduct of the third stage of labor appeared to influence the amount of red blood cell and plasma transfer. Methylergonovine, in contrast to oxytocin or no ecbolics, suggested a reduction of the transference of red blood cells and plasma. General anesthesia may enhance the possibility of transfer of red blood cells through the uterine sinuses to maternal circulation.

The new synthetic oxytocins have been incorporated into the buccal preparation and Dr. Dillon is utilizing this new agent and comparing it to standard products for induction and stimulation of labor. Over 1000 patients have had labor in-

duced and/or stimulated to date. No toxicity, etc. has been encountered. Success rates approximated 90 per cent. Vasopressin has been utilized in over 500 gynecologic operations as an agent to control blood loss.

The past year marked a turning point in the direction taken by Dr. Mann and associates in investigating aberrant mechanisms relating to recurrent uterine dysfunction. Where as in the past the primary research had been directed toward the fundal and isthmic segments of the uterus and their genetic relation to habitual abortion and primary dysmenorrhea, the effort during the past year has been extended to include utero-tubal and tubo-ovarian mechanisms operative in certain disaffiliative reaction patterns.

Dr. Sweeney completed the analysis of the results of the first five years of the combined radiological and radical surgical approach to carcinoma of the cervix (102 cases). The data were published and five year survival in stage I, was 86 per cent, stage II, 67 per cent and stage III, 33 per cent. Another study concerning the efficacy of perineal shaves and bladder catheterization prior to minor gynecological operations was completed by Dr. Sweeney and published. The results in 424 patients indicated that catheterization was potentially injurious, and the perineal shave was not necessary and its elimination is no way contributed to post-operative morbidity or other complications.

Clinical investigations are in progress in several other areas by Dr. Sweeney. Hystero grams (2,000 in number) have been reviewed in an attempt to recognize intrauterine synechia. Twenty-five such cases have been located and a search is being made for additional cases and studies are under way to determine the cause of the synechia, the presence or absence of infertility and menstrual aberrations, and a satisfactory method of treatment. Another area of clinical research is concerned with the problem of post-partum laxatives and enemas. A program has been completed in 100 patients using Bisoco dye rectal suppositories with excellent results. Further work is progressing using a new micro-enema product. The problem of asymptomatic urinary infection in the ante-partum patient is currently being evaluated. Thus far 100 patients have had clean "catch specimens" obtained during their ante-partum course. Colony counts and cultures have been carried out on these specimens. Seven patients had significant colony counts, and none developed a subsequent urinary tract infection. Five others had positive cultures without significant colony count and yet de-

veloped subsequent urinary infection. Other studies currently in progress deal with carcinoma of the vulva, progestational agents, uterine packing, uterine rupture and an anatomical dissection of the uterine veins.

Dr. Cyril Marcus is continuing his investigation of the cytology of the pelvic peritoneal cavity in benign and malignant disease through saline washings at surgery. The study is being broadened to include assessment of tumor cell spread by organ manipulation incident to diagnostic and therapeutic surgical procedures; determination of ultimate survival of free tumor cells in the peritoneal cavity; and further study of the mode of metastases of certain gynecologic tumors.

Dr. Marcus has submitted for publication reports of a study of ovarian cortical stromal hyperplasia as related to adenocarcinoma of the endometrium and study of ovarian hilus cells and their relation to benign and malignant endometrial activity.

Dr. Stewart Marcus, in conjunction with Dr. John MacLeod of the Department of Anatomy, is investigating various aspects of the Sims-Huhner or postcoital test in infertility patients. Included in this study are an appraisal of the reliability of the Sims-Huhner test; a comparison of spermatozoal morphology in the normal postcoital test and following intracervical homologous insemination; and an evaluation of spermatozoal survival in the female reproductive tract.

Dr. Marcus, with the cooperation of Dr. George Chapman of the Department of Anatomy, is also conducting an electron microscopy study of the mucus-producing endocervical glands which play an important role in infertility. Preliminary studies have revealed interesting structural details heretofore undetected by conventional light microscopy.

Dr. Marcus has also submitted for publication a report of the multicentric origin of gynecologic cancer, with emphasis on the application of this concept to lesions involving the cervix, vagina and vulva.

Drs. Cyril and Stewart Marcus have submitted for publication a study of 56 patients with primary adenocarcinoma of the cervix treated between 1933 and 1961. This clinicopathologic study revealed (1) no difference in radiosensitivity per se between adenocarcinoma of the cervix and squamous cell carcinoma of the cervix; (2) no significant difference in overall 5 year survival rate between adenocarcinoma of the cervix and squamous cell carcinoma of the cervix; and (3) no apparent basis for treating these two lesions differently.

Drs. Cyril and Stewart Marcus have reviewed 1,153 twin pregnancies and deliveries at The New York Lying-In Hospital from 1932 to 1961. Among the conclusions of this study were the following: there was no difference in perinatal mortality between twin A and twin B, between male twins as compared to female twins, or between spontaneous as compared to operative delivery of either twin A or twin B, when presenting by either the vertex or the breech. There was no significant difference in mortality between spontaneous vertex delivery of twin B and delivery of this twin by version and extraction. The perinatal mortality for twins of 1,500 gms. or more was not significantly different from that of singletons of the same weight.

The Drs. Marcus have also submitted for publication an extensive review of cervical mucus and its relation to infertility.

A new project was started October 1, 1962 by Dr. Hortense Gandy on the metabolism of testosterone and ketosteroids. This necessitated the equipment of a new steroid chemical laboratory on M-7. Efforts have been limited to evaluation of the limitations and reliability of the double isotope derivative dilution method for the measurement of testosterone and dehydroisoandrosterone in small amounts of peripheral plasma. This method will enable us to (1) measure the production rate of these compounds and of delta-4-androstendione by the adrenal and the ovary, (2) to study alteration in the daily production rate and plasma level of testosterone and dehydroisoandrosterone in response to stimulation of the ovary and the adrenal. These studies are to be carried out in normal females as well as patients with disorders of the ovary and adrenal (Stein-Leventhal syndrome, isosexual precocity and hirsutism of unknown etiology).

From November 1, 1961 through October 31, 1962, Dr. Melnick obtained cytological smears from 2,688 of the 2,693 new patients registered in the Ante-Partum Clinic. Six patients had Class III smears, and classification was deferred in an additional thirteen patients. Of the six patients with Class III smears, four have been shown to have intraepithelial carcinoma on biopsy. Three of the four have not yet had cone biopsies since two have not delivered yet, and one has done so only recently. Two of the six patients with Class III smears were shown to have basal cell hyperactivity. Of the 13 patients with Class Deferred smears, work-up revealed basal cell hyperactivity in two. The remainder were unremarkable.

In previous reports, mention was made of patients with abnormal smears and incomplete work-up. During the past

year, further investigation of these women disclosed two additional cases of intraepithelial carcinoma.

In the five year period since this project was begun, a total of 10,382 patients have been studied. Twelve cases of intraepithelial carcinoma have been found, for an average of one in every 865 pregnancies. During the first 17 months of the five year period, all patients under the age of 30 were excluded. Four of the 12 patients with intraepithelial carcinoma have had hysterectomies. Two of these were done at other hospitals.

To the best of our knowledge, none of the 10,382 patients in this series has incurred invasive carcinoma. To confirm this impression and perhaps to discover additional cases of intraepithelial carcinoma, it is planned to utilize the IBM tally cards compiled by Miss Macdonald and her staff. In the coming months, a review will be made of the charts of all pavilion patients on the gynecology service with a diagnosis of intraepithelial or invasive carcinoma of the cervix and a history of a previous obstetrical admission to this Hospital. The evidence strongly suggests that routine cytological smears on ante partum patients is a worthwhile procedure. Additional experience is necessary before it can be declared an essential procedure in all ante partum patients.

Current investigation by Dr. Queenan under a Health Research Council grant centers on fluorescent antibody technique for detecting cells of fetal origin in the maternal circulation. This method has been useful in determining the Rh of an infant in utero. In addition, the invasion of maternal circulation by fetal cells during the ante partum period is being studied. The disappearance of these cells post partum is studied in the immunized mothers as well as the non-immunized mothers. New laboratory facilities have been provided on M-7.

Preliminary studies have indicated that the Rh antigen can be demonstrated in human spermatazoa. Work is underway to investigate the possibility of selectively inhibiting spermatazoa of heterozygous males.

Dr. Queenan is collaborating with Dr. Allen and Dr. Kunkel of the Rockefeller Institute to study the transplacental passage of gamma globulin Gm. factor of mother to infant. The infant's mechanism of handling this antigen will be studied by follow-up antibody studies on the infants.

A study of the first 150 patients referred to the obstetrical hematology clinic was completed by Dr. Walter L. Freedman. Eighty-five percent were noted to have iron deficiency anemia,

6 per cent thalassemia minor, 2.5 per cent sickle cell disease variants, 2.6 per cent megaloblastic anemia secondary to folic acid deficiency and the remaining 4 per cent were due to the other causes. Of interest in the iron deficient group was the disproportionately increased number of primigravidas which was thought to be secondary to poor dietary intake in adolescence.

Patients with the sickle cell disease variants presented serious challenges to the obstetrical staff due to the high incidence of ante partum complications such as sickling crises, toxemia and infection. In contrast to these patients those with the thalassemia minor hemoglobinopathy had relatively benign courses.

Late in 1962 a hematology research laboratory was established and preparations made to evaluate a sustained release iron preparation starting early in 1963 in a large group of obstetrical patients.

I should like to express my sincere appreciation to all workers in this department whose loyal devotion to their duties has made it possible to render the best care to our patients. I am grateful for valuable assistance from Dr. Joseph C. Hinsey, Director of The New York Hospital-Cornell Medical Center; Dr. Henry N. Pratt, Director of The New York Hospital; Dr. John E. Deitrick, Dean of Cornell University Medical College; Dr. August H. Groeschel, Associate Director of The New York Hospital; the late Mr. Laurence G. Payson, Treasurer of The Society of the New York Hospital; Mr. Ernest F. Gamache, newly appointed Secretary of The Society of the New York Hospital; and Mr. Edward K. Taylor, Business Manager of Cornell University Medical College.

The staff is most grateful to the Board of Governors of The Society of the New York Hospital and to the Ladies' Auxiliary to The Society of The Lying-In Hospital for their continued and generous support.

Respectfully submitted,

R. GORDON DOUGLAS, M.D.
Obstetrician and Gynecologist-in-Chief

REPORT OF THE HEAD OF OBSTETRICAL AND GYNECOLOGICAL NURSING SERVICE

To the Board of Governors of
THE SOCIETY OF THE NEW YORK HOSPITAL

GENTLEMEN:

I have the honor to present the Annual Report of the Nursing Service and Nursing Education for the year 1962.

Patient Care:

Although certain areas were included in reconstruction this year, patient care continued without interruption.

The renovation of the Labor and Delivery unit was completed mid-year and provides an environment conducive to the giving of high calibre care during the four stages of labor. A two bed "intensive care unit" was included for those patients requiring close observation. The private Gynecological pavilion (M-7) and the private Obstetrical pavilion (M-6) also were renovated. Changes included redecoration of patient units; increased shower facilities; and improved work areas. During this period, M-7 patients were accommodated on F-14 while M-6 patients were transferred to M-7. Since the M-6 Nursery was not included in the renovation, care of the newborn was continued in this area. This arrangement resulted in a great deal of vertical movement of mothers as they had to come to the M-6 Solarium to feed the babies. In those instances where the mothers were unable to go to M-6, the babies were brought to M-7.

Because of the increasing demand for Rooming-In (M-3), a full census was usually maintained on this unit. Many patients requesting this service had to be accommodated on other pavilions. Present plans call for the construction of another four bed module in the space currently occupied by the formula laboratory, which will be relocated.

A change in visiting hours on the semi-private and pavilion obstetrical service (Rooming-In excepted) has facilitated patient care. There are many less interruptions by those individuals requesting visiting privileges outside of the regular visiting hours. This permits patients and staff to make more effective use of time.

Parent Education:

During the year, 694 women completed the course in Preparation for Labor; 73 per cent were private (semi-private) patients and 27 per cent clinic patients. Although there is some difficulty in eliciting interest in this program among pavilion patients, the ratio between clinic and private attendance increased 6 per cent in 1962. One hundred and sixty-nine couples attended the evening "couples review" of Preparation for Labor classes. Eighty-four per cent of these were private or semi-private patients and 16 per cent were clinic patients. There seems to be an increasing demand for this kind of program, requests for classes averaged 81 per month. Requests for father's classes continue, but because of a shortage in the teaching staff, they have not been reinstituted.

Separate tours were given for 102 persons unable to attend the classes. Individual classes were held with 15 women who had had classes previously and were in need of a review of exercises. Fifty women unable to attend classes requested exercise sheets. Fifty-three women who were not planning to deliver at The New York Hospital called to enroll in our program. These were referred to other agencies. Twenty requests were made for the names of physicians who would support "natural childbirth". Advice on this was sought from Dr. Douglas. There was an average of 9 classes per week conducted by one full time instructor and one half-time instructor who resigned in August.

Observation in this program is offered to new professional staff members, and 19 attended. Cornell and Skidmore nursing students observed one session, and 17 Teacher's College Master's program students and one under-graduate from Seton Hall observed a full series of classes.

Because of the continuing demand for Preparation for Labor classes, we are looking forward to having new classroom and toilet facilities in the not too distant future.

Staffing:

As in 1961, a shortage of professional nurses was reflected in a minus figure for staffing. At no time was the budgeted allotment of 110.5 attained. Staffing figures ranging from 83.25 or -27.25 in July to 106.4 or -4.1 in November represented an average of -16.7 for the year. Despite this variation in numbers of staff, patient care was not interrupted. The Staff is to be complimented for its loyalty and conscientiousness. Many willingly

worked extra hours and changed vacations in the interest of patient care. The professional staff was supplemented by a group of per diem nurses whose contribution to patient care is outstanding.

For the first time in years, the gynecological pavilions, at the close of the year, are operating with their budgeted quota of professional personnel. This year there were three re-appointments to these pavilions and two temporary appointees decided to remain. One cannot attempt an answer at this time and it is probably too early to assume that our staffing problems in this area are over. However, it is possible that an increase in radical surgery with its accompanying nursing care problems could be an answer.

Nursing Education

Undergraduate Professional Program:

This has been another year of intense activity for the maternity nursing faculty. A concentrated period of theory and selected experiences followed by a period free for practice on the units was offered to the entire Class of 1964. Faculty and student reactions to this plan are favorable, and we are presently evaluating the program in order to arrive at some definite conclusions.

Student experience in gynecology has remained essentially unchanged in the last year. However, much consideration has been given to its placement in the total curriculum.

Graduate Nurse Field Students:

This Department continued to provide field experience in maternity nursing for master's students from Teacher's College, Columbia University. Thirty-two students majoring in Maternal and Child Health Nursing were provided with patient care experience; two of these had special conferences with individuals involved in staff education; and five students had student-teaching experience.

Practical Nurse Students:

Thirty-three practical nurse students from the Hospital for Special Surgery completed a five week course in maternity nursing. Due to a revision in curriculum, these students now have six months of theory and practice in the home school before beginning this affiliation. The students therefore have a sounder background of basic principles, and in general, are better able

to grasp maternity nursing theory and to function better in selected areas of practice.

Infant Care Technicians:

Approximately 90 infant care technicians from The New York Foundling Hospital program completed a two week experience in care of the newborn infant. This program continues to be a valuable source of staff recruitment.

Special Visitors:

Other schools of nursing and hospital staff members from and around New York City have continued to request guided tours of our patient care facilities and discussion of comprehensive maternity nursing.

Because of a shortage of supervisory personnel, the numbers of visitors had to be somewhat curtailed. Groups from the following schools and one hospital visited during the year:

Maternity Center Association, New York City
Seton Hall School of Nursing, New Jersey
Brooklyn College School of Nursing, Brooklyn, New York
Kings Park School of Nursing, Brooklyn, New York
St. James School of Nursing, Brooklyn, New York
The Mount Sinai Hospital, New York City

In addition, five groups of nurses attending the Premature Institute toured the Department.

Special Contributions:

A number of requests were made during the year for members of the staff to act as consultants, speakers at conventions, and leaders at workshops and institutes throughout the country. Many of these requests could not be met because of a shortage of instructor-supervisors.

I should like to take this opportunity to thank the Ladies' Auxiliary for continuing to permit the Nursing Service to use the Board Room for classes and meetings. On behalf of the entire nursing service, I should like to thank the many individuals, service departments, and community agencies who assisted us in giving patient care during the past year.

Respectfully submitted,

JULIA M. DENNEHY
*Head of Obstetrical and Gynecological
Nursing Service*

REPORT OF THE PRESIDENT OF THE LADIES' AUXILIARY

To the Board of Governors of
THE SOCIETY OF THE NEW YORK HOSPITAL

GENTLEMEN:

I have the honor to present the 1962 Annual Report of the Ladies' Auxiliary to the Society of Lying-In Hospital.

Our major project, the Babies' Alumni, was ably directed by Mrs. Elmer Kramer, until her resignation last autumn. It is now being undertaken by Mrs. Culbert Palmer. The part time assistance of a clerk-typist is still found necessary, particularly during the summer months. Many thousands of birthday cards have been sent out, as usual, to obtain the important membership renewals. The year's receipts amount to:

1,040 New Registrations 2,765 Renewals Totaling: \$9,725.08

Due to change of chairman and paid personnel, the continuity of approach was broken and the lower number of new registrations reflects this.

We are again so grateful to Mrs. Graham Hawks for handling the affairs of the Babies Class so well. There have been:

196 Renewals.....	\$392.00
5 New Registrations.....	10.00
5 Contributions.....	89.00
<hr/>	
Total.....	\$491.00

The preparation of layettes was the responsibility of Mrs. Frank Polk, until her resignation last spring. Subsequently Mrs. von Hemert was in charge of this project. Eleven large layettes were distributed to patients on marginal incomes but not receiving public assistance, while seven small ones were given to solve "going home" emergencies.

We are grateful to the WOR Children's Christmas Fund for their welcome and generous contribution of 70 layettes, which are most charming.

Again, our warm thanks are extended to the Danziger Fund for the renewal of their generous grant to be used for orthopedic appliances.

Our particular thanks go to Mrs. Paul Pryibil, our devoted Treasurer for successfully seeing us through another financial year.

Mrs. David Barrows was once again Chairman of our United Hospital Fund Drive Committee. Our quota was \$5,800.00. We received 178 gifts amounting to \$5,373.00. An additional \$75.57 from our Box Week efforts at the Mary Elizabeth Restaurant, brought the total to \$5,448.57. Last year 157 gifts totaled only \$4,913.00 including \$59.00 from Box Week, showing a marked improvement for '62. Our congratulations to Mrs. Barrows.

Our heartfelt thanks go to the Board of Governors for their constant and loyal support. The Board's deepest appreciation goes to Mrs. Kinzel, Director of our Social Service Department and her most excellent staff for their truly devoted unselfish and able operation of the Department.

Respectfully submitted,

A. ROUTH VON HEMERT
President

LADIES' AUXILIARY TO THE SOCIETY OF THE LYING-IN HOSPITAL

Statement of Cash Receipts and Cash Disbursements of the Treasurer for the Year Ended December 31, 1962

CASH BALANCE, January 1, 1962 (including General Fund with Treasurer of Ladies' Auxiliary \$1,000 and the Abraham L. Danziger Fund \$141.00).... \$ 2,139.91

RECEIPTS:

Dues:

Associate	\$ 50.00	
Patron	400.00	
Contributing	450.00	
Sustaining	650.00	\$ 1,550.00

Contributions:

United Hospital Fund	8,415.02	
The Society of the New York Hospital	17,000.00	
Abraham L. Danziger Fund	50.00	
Others	167.04	25,632.06

Babies' Alumni—Dues	9,701.77	
Babies' Class—Dues	491.00	37,374.83

Total Receipts..... \$39,514.74

DISBURSEMENTS:

Salaries:

Professional Staff	\$30,202.96	
Clerical Staff	6,179.64	\$36,382.60

Supplies and Expenses..... 1,391.88

Medical Relief..... 69.75

Purchase of appliances for Patients from

Abraham L. Danziger Fund..... 149.57

Total Disbursements..... 37,993.80

CASH BALANCE, December 31, 1962 (including General Fund with Treasurer of Ladies' Auxiliary \$1,000 and the Abraham L. Danziger Fund of \$41.43).. \$ 1,520.94

Respectfully submitted,

HELEN PORTER PRYBIL, *Treasurer*

LADIES' AUXILIARY TO THE SOCIETY OF THE LYING-IN HOSPITAL

1963

OFFICERS

MRS. A. PHILIPPE VON HEMERT	<i>President</i>
MRS. DAVID N. BARROWS	<i>Vice President</i>
MRS. PAUL PRYIBIL	<i>Treasurer</i>
MRS. GRAHAM G. HAWKS	<i>Assistant Treasurer</i>
MRS. WILLIAM C. CATES	<i>Recording Secretary</i>
MRS. J. RANDOLPH GEPFERT	<i>Corresponding Secretary</i>

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MRS. ROBERT M. JACKSON	MRS. NELSON B. SACKETT

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.	<i>Chairman of Babies' Alumni</i>
MRS. GRAHAM G. HAWKS	<i>Chairman of Babies' Class</i>
MRS. PAUL PRYIBIL	<i>Chairman of Ways and Means</i>

LADIES' AUXILIARY
TO
THE SOCIETY OF THE LYING-IN HOSPITAL

1963

MEMBERS

Auchincloss, Mrs. J. Howland	Harriman, Mrs. E. Roland N.
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Bartow, Mrs. Francis D.	Harrower, Mrs. Gordon
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Gepfert, Mrs. J. Randolph	Petty, Mrs. John R.
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Gowen, Mrs. Frederick H.	Pryibil, Mrs. Paul
Greve, Mrs. William M.	Redmond, Mrs. Roland L.
Grier, Mrs. Robert S.	Robertson, Mrs. Hugh S.
Hammond, Mrs. Paul L.	Rudloff, Mrs. John A.
Hard, Mrs. De Courcy L.	Rue, Mrs. Francis J.
Harder, Mrs. Lewis B.	Ruskin, Mrs. Richard A.

MEMBERS—*Continued*

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Sackett, Mrs. Nelson B.	von Hemert, Mrs. A. Philippe
Schaefer, Mrs. George	von Hemert, Mrs. John
Smith, Mrs. Frank R.	von Stade, Mrs. F. Skiddy
Snyder, Mrs. Charles T.	Watson, Mrs. George E., Jr.
Stander, Mrs. Henricus J.	Wellington, Mrs. Herbert G.
Stanton, Mrs. Edward F.	Whitridge, Mrs. Arnold
Sweeney, Mrs. William J., III	Wieche, Mrs. Robert E.
Symington, Mrs. J. Fife	Woolley, Mrs. Knight
Tompkins, Mrs. Boylston A.	

ENDOWED BEDS

- 1895 MR. AND MRS. GEORGE G. WILLIAMS. *In Memory of* MRS. ROBERT L. STUART
- 1902 ANNA WOERISHOFFER. *In Memory of* ANTOINETTE, COUNTESS SEILERN
- 1912 MRS. GEORGE P. EUSTIS. *In Memory of her mother,* LUCY MORGAN STREET
- 1912 ANNA WOERISHOFFER. THE ANNA WOERISHOFFER BED
- 1914 LILLA GAITES. THE MARIE STUART BED
- 1916 HENRY CLAY FRICK
- 1928 ESTATE OF HENRI D. DICKINSON. *In Memory of* IDA MAY DICKINSON

REPORT OF THE DIRECTOR OF SOCIAL SERVICE

1962

To the Board of Governors of

THE SOCIETY OF THE NEW YORK HOSPITAL

GENTLEMEN:

This year we can report progress in two areas that greatly concerned us last year. One was our opportunity to do more qualitative case work. Last year we reported loads of up to 80 active cases per worker, with an average of 66.5. This year the average active load has been 48.4. While this is still higher than desirable, it is certainly an improvement. The modification was the result of several factors. The most important were the addition of another medical social worker to the staff and the reduction in referrals from Metropolitan Hospital, which can now accept all obstetrical patients coming to them rather than referring them here. Our Department formerly received 15 to 20 cases per month from this source.

Our intake of cases for the year was 845. This plus those on hand from 1961 gave us a total of 1,040 patients who received assistance with their social problems. To accomplish this the workers participated in 8,343 interviews and conferences.

As usual, a large number of the patients referred to us were women pregnant out-of-wedlock. There were 436 new referrals in this category and a total of 561 were given service. This figure is lower than that of 1961 when the total was 660. We believe this again relates to the drop in transfers from Metropolitan Hospital.

The second situation which has shown improvement is that of the well babies who remained in the Hospital awaiting placement in foster homes, usually referred to as "boarder babies." The Administration of the Hospital, aided by case histories and statistics from Social Service, took a very active role in the effort to correct this problem in the community as a whole. In April, the Commissioner of Welfare launched a crash program to find additional foster and adoptive homes. This had resulted in more rapid placements. As the year ended, our boarders had diminished from an average of 8 or 10 in the nurseries to 2 or 3, with the length of their stays much shorter.

The Department participated in two community projects. One was the Joint New York Heart Association-Visiting Nurse

Service of New York study of cardiac patients in various diagnostic groupings. Six hospitals cooperated and 179 patients were involved. Of these 79 or 44% were from our maternity service. The other project was the Community Council Research Study of the Unmarried Mother Who Keeps Her First Out-of-Wedlock Child. This is a three-year project now in the fact-finding phase.

We wish to express our appreciation to our active volunteers, largely members of the Ladies' Auxiliary Board, who have worked so untiringly during the year for our Babies' Alumni Fund. They devoted 805 hours to this endeavor.

Many patients were assisted through the Danziger Fund grant, and we are grateful for this continuing support.

Once more, through the WOR Children's Christmas Fund, we received 70 layettes that not only gave joy to the patients who received them but also gave us pleasure in distributing them.

We are grateful for the help of our co-workers in many different departments and community agencies; to the Administration which has always been sensitive to our needs; to Dr. Douglas who gave us encouragement and guidance; and to the Ladies' Board which as always was unfailing in its support, interest and, understanding.

Respectfully submitted,

MRS. ROBERT KINZEL
Director

DISTRIBUTION OF BEDS

OBSTETRICAL	<i>Adult</i>	<i>Bassinets</i>
Private.....	16	16
Semiprivate.....	33	31
Pavilion.....	70	60
Total.....	119	107
GYNECOLOGICAL		
Private.....	10	
Semiprivate.....	26	
Pavilion.....	44	
Total.....	80	
Total Adult Beds.....	199	
Total Bassinets.....	107	
Total.....	306	

DISCHARGES

OBSTETRICAL (Adults)			
Private.....	791		
Semiprivate.....	2,130		
Pavilion.....	2,915	5,836	
GYNECOLOGICAL			
Private.....	422		
Semiprivate.....	1,462		
Pavilion.....	810	2,686	8,522
NEWBORN.....			4,808
INFANT BOARDERS.....			9
Total.....			13,339

SUMMARY OF OBSTETRICAL AND GYNECOLOGICAL SERVICES

September 1, 1932—December 31, 1962

TOTAL NUMBER

* Obstetrical adult patients.....	144,501
* Infants.....	119,328
Gynecological patients.....	53,091
Grand Total.....	316,920

*Includes John E. Berwind Free Maternity Service operated by this department from September 1, 1932 to May 1, 1942.

STATISTICS

OBSTETRICAL DEPARTMENT

January 1, 1962—December 31, 1962

	<i>Number</i>	<i>Per Cent of Adult Discharges</i>
TOTAL DISCHARGES		
*Abortion.....	470	8.0
Abortion, spontaneous.....	34	0.6
Premature operative delivery.....	133	2.3
Premature spontaneous delivery.....	212	3.6
Full term operative delivery.....	1,641	28.1
Full term spontaneous delivery.....	2,782	47.7
Ectopic pregnancy (23 tubal).....	23	0.4
Hydatidiform mole (3 benign, 2 intermediate)..	5	0.1
Discharge before delivery.....	450	7.7
Postpartum (within 6 weeks).....	74	1.3
Postpartum (after 6 weeks).....	12	0.2
Infant boarders.....	9	
Total.....	5,845	

	<i>Number</i>	<i>Per Cent</i>
ETHNIC GROUP (PREGNANCIES)		
Puerto Rican.....	481	9.1
Nonwhite.....	661	12.5
Other.....	4,158	78.4
Total.....	5,300	100.0

	<i>Number</i>	<i>Per Cent</i>
PRESENTATION (FULL TERM AND PREMATURE DELIVERIES)		
Vertex.....	4,511	94.6
Breech.....	207	4.3
Brow.....	7	0.2
Face.....	16	0.3
Transverse.....	10	0.2
Compound.....	8	0.2
Oblique.....	2	0.04
Not known.....	7	0.2
Total.....	4,768	100.0

*In this report weight is the standard for classification of infants as follows:

	<i>Weight in Grams</i>
Abortion.....	Less than 500
Premature infant.....	500-2499
Full Term Infant.....	2500 and over

OPERATIONS (FULL TERM AND PREMATURE DELIVERIES)	<u>Number</u>		<u>Per Cent of Total Deliveries</u>	
Forceps				
Low.....	548		11.4	
Low-Mid.....	556		11.7	
Mid.....	112		2.3	
High.....	1	1,217	0.02	25.5
Forceps failed, delivered spontaneously.	1		0.02	
Forceps, rotation instigated only.....	1		0.02	
Breech with forceps to after-coming head (13 assisted, 1 extraction)....	17		0.4	
Breech extraction (7 with MSV maneuver).....	14		0.3	
Breech with MSV maneuver.....	22		0.5	
Assisted breech with MSV maneuver..	75		1.6	
Assisted breech with Prague maneuver.	1		0.02	
Assisted breech.....	10		0.2	
Version and extraction.....	1		0.02	
Manual rotation of persistent occiput posterior.....	1		0.02	
Vacuum extraction.....	36		0.8	
Manual removal of placenta.....	83		1.8	
Cesarean Section				
Classical.....	18		0.4	
Low cervical.....	274		5.7	
Radical (hysterectomy).....	2		0.04	
High transverse.....	1	295	0.02	6.2
TOTAL OPERATIVE DELIVERIES..	1,774		37.2	
Episiotomy.....	3,328		69.8	
Episiotomy with third degree extension, incomplete.....	151		3.2	
Episiotomy with third degree extension, complete.....	119		2.5	
Repair of third degree laceration, incomplete.....	9		0.2	
Repair of third degree laceration, complete.....	19		0.4	
INDICATIONS FOR CESAREAN SECTION	<u>Number</u>		<u>Per Cent of Cesarean Sections</u>	
Contracted Pelvis and Mechanical Dystocia				
Fetopelvic disproportion (9 breech).	59		20.0	
Contracted pelvis.....	1		0.3	
Presentation (7 transverse, 1 face, 1 breech, 1 chin posterior).....	10		3.4	
Previous Shirodkar procedure.....	18		6.1	

INDICATIONS FOR CESAREAN SECTION— <i>Continued</i>	<i>Number</i>		<i>Per Cent of Cesarean Sections</i>	
Contracted Pelvis and Mechanical Dystocia— <i>Continued</i>				
Hemiparesis secondary to cerebral thrombosis, A.P.....	1		0.3	
Previous suprapubic urethral suspension.....	1		0.3	
Dystocia due to tumor (4 myoma, 2 ovarian).....	6		2.0	
Previous unification of uterus.....	1		0.3	
Previous vaginal plastic.....	4		1.4	
Lack of progress.....	2		0.7	
Uterine dysfunction.....	1		0.3	
Previous hysterotomy for cornual pregnancy.....	1		0.3	
Previous prolonged labor and cervical stenosis.....	1	106	0.3	35.9
Previous cesarean section.....	107		36.3	36.3
Previous myomectomy.....	11		3.7	3.7
Hemorrhage				
Placenta previa.....	14		4.8	
Premature separation of placenta....	7		2.4	
Low lying placenta.....	1	22	0.3	7.5
Intercurrent Disease				
Diabetes.....	1		0.3	0.3
Eclampsia.....	1		0.3	0.3
Miscellaneous				
Elderly primipara.....	9		3.0	
Prolapsed cord.....	11		3.7	
Fetal distress.....	22		7.5	
Failed forceps.....	2		0.7	
Infertility, 10 years and previous tuboplasty.....	1		0.4	
Metastatic osteogenic sarcoma.....	1		0.4	
Stage O carcinoma of the cervix.....	1	47	0.4	16.0
Total Indications.....		295		100.0

INCIDENCE OF CESAREAN SECTION

	<i>Per Cent</i>
Total.....	6.2
Private.....	8.5
Pavilion.....	4.0

OBSTETRICAL COMPLICATIONS

	<i>Number</i>	<i>Per Cent</i>
IN TOTAL DELIVERIES		
Placenta previa and premature separation of placenta.....	3	0.1
Placenta previa.....	26	0.5
Premature separation of placenta.....	57	1.2
Suspected marginal sinus rupture.....	13	0.3
First trimester bleeding.....	533	11.2
Second trimester bleeding.....	127	2.7
Third trimester bleeding.....	214	4.5
Rupture of uterus.....	2	0.04
Rupture of uterus, incomplete.....	1	0.02
Defects in previous uterine scars.....	15	0.3
Defect in vaginal wall communicating with left broad ligament.....	1	0.02
Postpartum hemorrhage (C. S. excluded).....	82	1.8
Postpartum hemorrhage (C. S. included).....	139	2.9
Puerperal bleeding.....	63*	1.3
Contracted pelvis or borderline pelvis.....	144	3.0
Prolonged labor.....	13	0.3
Prolapsed cord.....	25	0.5
Fetal distress.....	263	5.5
Incarcerated placenta (contraction ring).....	2	0.04
Uterine dysfunction.....	20	0.4
Intrauterine rupture of omphalocele.....	1	0.02
Cord rupture during delivery.....	2	0.04
Intercostal muscle strain secondary to labor....	1	0.02
Separation of symphysis pubis.....	3	0.1
IN TOTAL PREGNANCIES (DELIVERIES AND ABORTIONS)		
Toxemia Total.....	222	4.2
Antepartum eclampsia.....	2	0.04
Intrapartum eclampsia.....	4	0.1
Postpartum eclampsia.....	1	0.02
Severe preeclampsia.....	25	0.5
Mild preeclampsia.....	122	2.3
Hypertensive disease and severe preeclampsia..	3	0.1
Hypertensive disease and mild preeclampsia..	9	0.2
Hypertensive disease and unclassified.....	1	0.02
Hypertensive disease.....	39	0.7
Renal disease and severe preeclampsia.....	3	0.1
Renal disease and mild preeclampsia.....	5	0.1
Renal, hypertensive disease and severe preeclampsia.....	2	0.04
Renal, hypertensive disease and mild preeclampsia.....	1	0.02
Renal disease and hypertensive disease.....	1	0.02
Renal, hypertensive disease and unclassified..	1	0.02
Unclassified.....	3	0.1

*Includes 37 postpartum admissions, whether or not delivered here.

OBSTETRICAL COMPLICATIONS—*Continued*

IN TOTAL PREGNANCIES (DELIVERIES AND ABORTIONS)— <i>Continued</i>	<u>Number</u>	<u>Per Cent</u>
Antepartum infection.....	1	0.02
Intrapartum infection (38 among abortions)....	56	1.1
Febrile postpartum course.....	70	1.3
—puerperal infection.....	45	0.8
—pyelitis.....	2	0.04
—intercurrent disease (11 urinary, 2 atelectasis, 2 upper respiratory infection, 1 wound infection ureteral site, 1 peritonitis due to appendicitis, 1 cancer, 1 terminal scleroderma with pneumonia)	19	0.3
—Other (1 vaginal hematoma, 1 intestinal obstruction, 1 wound infection and separation, 1 acute exacerbation of P.I.D.).....	4	0.1
One day fever.....	150	2.8
Antepartum mastitis.....	2	0.04
Early postpartum breast abscess.....	1	0.02
Non-suppurative mastitis.....	3	0.1
Anemia		
Antepartum (Ht. 35 or less, Hgb. 11 or less) without diagnosis of specific anemia.....	1,586	29.9
Postpartum (Ht. 35 or less, Hgb. 11 or less)..<	411	7.8
Thrombophlebitis		
Antepartum.....	9	0.2
Postpartum.....	63	1.2
Hydramnios.....	29	0.5
Abdominal wound hematoma.....	6	0.1
Vaginal or perineal hematomas.....	21	0.4
Wound seroma.....	1	0.2
Wound infection (abdominal).....	5	0.1
Wound dehiscence (abdominal, 2 superficial)...	6	0.1
Infected episiotomy, or separation of episiotomy	10	0.2
Fistula, rectovaginal (1 sustained at delivery)..<	2	0.04
Paralytic ileus.....	7	0.1
Peritonitis.....	4	0.1
Septicemia (7 in abortions).....	13	0.2
Pneumonitis.....	1	0.02
Atelectasis (2 under febrile postpartum course also)	5	0.1
Pulmonary emboli (?).....	1	0.02
Cardiac arrest (1 in abortion with septic shock)	2	0.04
Tachycardia.....	5	0.1
Hypotension with cardiac arrhythmia during C. S.....	1	0.02
Hypotension or shock.....	16	0.3
Hypovolemic shock.....	1	0.02
Transient hypertension.....	21	0.4
Transfusion reaction, mild.....	8	0.2

OBSTETRICAL COMPLICATIONS—*Continued*

IN TOTAL PREGNANCIES (DELIVERIES AND ABORTIONS)— <i>Continued</i>	<u>Number</u>	<u>Per Cent</u>
Prolonged coma after convulsions and eventual death in patient with advanced scleroderma...	1	0.02
Diabetic coma.....	1	0.02
Intestinal obstruction (3 preoperative).....	4	0.1
Acute renal failure, 2 secondary to postpartum hemorrhage and shock, 1 to eclampsia.....	3	0.1
Urinary retention (1 in early antepartum course, 8 postpartum).....	9	0.2
Endometritis.....	15	0.3
Emphysema in broad ligament.....	1	0.02
Paresthesia right hand.....	1	0.02
X-ray therapy for cancer during pregnancy....	2	0.04
Severe back pain.....	2	0.04
Puerperal psychosis or depression.....	3	0.1

PREVIOUS CESAREAN SECTION BY OUTCOME OF PREGNANCY

DELIVERIES	<u>Full Term</u>	<u>Premature</u>	<u>Total</u>	<u>Per Cent of Previous C.S.</u>
Cesarean Section.....	105	2	107	59.1
Vaginal Operative.....	44	6	50	27.6
Spontaneous.....	20	4	24	13.3
Total.....	169	12	181	100.0
ABORTIONS.....			20	
Total Previous C. S.....			201	

ANTEPARTUM AND CONCURRENT CONDITIONS

IN TOTAL PREGNANCIES (DELIVERIES AND ABORTIONS)	<u>Number</u>	<u>Per Cent</u>
GYNECOLOGICAL		
Myoma.....	128	2.4
Endometrial polyp.....	3	0.1
Ovarian cyst.....	58	1.1
Endometriosis or history of endometriosis.....	14	0.3
Pelvic inflammatory disease or, history of.....	28	0.5
Hematosalpinx.....	3	0.1
Carcinoma of cervix in situ.....	2	0.04
History of carcinoma of cervix in situ.....	6	0.1
Hyperactivity of basal cell layer of cervix.....	5	0.1
Squamous metaplasia of cervix.....	2	0.04
Hyperkeratosis of cervix.....	1	0.02

ANTEPARTUM AND CONCURRENT CONDITIONS

—Continued

IN TOTAL PREGNANCIES (DELIVERIES AND
ABORTIONS)—Continued

GYNECOLOGICAL—Continued

	<u>Number</u>	<u>Per Cent</u>
Cervical polyp.....	43	0.8
Cystic cervix.....	99	1.9
Bartholin's duct cyst.....	6	0.1
Bartholin's duct abscess.....	4	0.1
Condylomata.....	10	0.2
Vaginal inclusion cyst.....	9	0.2
Other gynecologic tumors.....	27	0.5
Vaginal stricture.....	4	0.1
Previous vaginoplasty in patient with adreno- genital syndrome.....	1	0.02
Hypertrophic cervix.....	32	0.6
Lacerated cervix.....	181	3.4
Cervical erosion.....	625	11.8
Incompetent cervical os.....	30	0.6
Ectropion of cervix.....	5	0.1
Old complete laceration.....	5	0.1
Vaginitis.....	93	1.8
Cystocele.....	148	2.8
Rectocele.....	79	1.5
Urethrocele.....	27	0.5
R.V.O.....	19	0.4
Descensus.....	19	0.4
Prolapsed ovary.....	3	0.1
Vulval varicosities.....	66	1.2
Bicornuate uterus.....	19	0.4
Other uterine anomaly (3 double, 6 arcuate, 9 septate).....	18	0.3
Vaginal septum.....	1	0.02
Double vagina.....	3	0.1
Other anomaly of cervix.....	2	0.04
Chronic cervicitis.....	124	2.3
Other gynecologic disease.....	72	1.4

MEDICAL (EXCEPT GYNECOLOGICAL DISEASE)

Circulatory

Heart disease.....	99	1.9
Potential or probable heart disease.....	15	0.3
Previous valvulotomy.....	2	0.04
Previous closure of atrial septal defect.....	1	0.02
Previous pericardiectomy.....	1	0.02
Previous ligation of patent ductus arteriosus..	2	0.04
Previous ligation of vena cava for pulmonary emboli.....	1	0.02
Anomaly of aortic arch and descending aorta..	1	0.02

ANTEPARTUM AND CONCURRENT CONDITIONS

—Continued

MEDICAL (EXCEPT GYNECOLOGICAL DISEASE) —Continued	Number	Per Cent
<i>Circulatory—Continued</i>		
Acute thrombosis left brachial artery and digital artery of 4th finger and thrombophlebitis of right hand, ? etiology.....	1	0.02
Hemorrhoids.....	131	2.5
Varicose veins (not vulval).....	383	5.3
Orthostatic hypotension.....	3	0.1
Edema.....	211	4.0
Hypoplasia left pulmonary arteries.....	1	0.02
Other circulatory.....	20	0.4
<i>Respiratory</i>		
Tuberculosis, pulmonary total.....	64	1.2
Active.....	4	0.1
Inactive.....	56	1.1
Questionable.....	4	0.1
Pneumonia (6 A.P., including 1 Klebsiella)..	6	0.1
Previous spontaneous pneumothorax.....	1	0.02
Atelectasis, A. P.....	1	0.02
Asthma, and history of asthma.....	92	1.7
Bronchitis.....	58	1.1
Sinusitis.....	16	0.3
Previous lobectomy, pneumonectomy, thoracotomy, wedge resection.....	9	0.2
Pleural effusion (associated with tuberculosis)	1	0.02
Pleurisy.....	1	0.02
Emphysema.....	1	0.02
Influenza.....	2	0.04
Severe viral upper respiratory infection.....	1	0.02
Upper respiratory infection.....	119	2.2
Other respiratory.....	58	1.1
<i>Digestive</i>		
Regional enteritis.....	1	0.02
Appendicitis.....	6	0.1
Chronic colitis.....	2	0.04
Ulcerative colitis or history of.....	4	0.1
Hernia, total.....	18	0.3
Umbilical.....	12	0.2
Ventral.....	2	0.04
Diaphragmatic.....	3	0.1
Femoral.....	1	0.02
Situs inversus.....	2	0.04
Infectious hepatitis (2 questionable).....	4	0.1
Jaundice, idiopathic.....	1	0.02
Toxic hepatitis after ingestion of quinine....	1	0.02

ANTEPARTUM AND CONCURRENT CONDITIONS

—Continued

MEDICAL (EXCEPT GYNECOLOGICAL DISEASE) —Continued	Number	Per Cent
<i>Digestive—Continued</i>		
Liver function abnormal.....	2	0.04
Cholecystitis, cholelithiasis.....	19	0.4
Recurrent pancreatitis.....	1	0.02
Intestinal infestation.....	2	0.04
Ischiorectal abscess.....	1	0.02
Gastroenteritis.....	10	0.2
Esophagitis.....	1	0.02
Duodenitis.....	1	0.02
Gastric ulcer or history of gastric ulcer.....	12	0.2
Dental caries.....	52	1.0
Other digestive.....	68	1.3
<i>Urinary</i>		
Toxic nephritis secondary to ingestion of quinine.....	1	0.02
Chronic renal disease (10 questionable).....	22	0.4
Chyluria.....	1	0.02
Calculus.....	10	0.2
Cystinuria.....	1	0.02
Previous surgery for aberrant artery.....	1	0.02
Other anomaly of kidney, ureter, or bladder..	14	0.3
Pyelitis, antepartum.....	24	0.5
Cystitis.....	15	0.3
Albuminuria, undetermined etiology.....	7	0.1
Other urinary tract infection		
Antepartum.....	67	1.3
Postpartum.....	83	1.6
Other urinary.....	16	0.3
<i>Blood and Blood-Forming Organs</i>		
Previous splenectomy (2 for hemolytic anemia, 2 not stated).....	4	0.1
Iron deficiency anemia.....	580	10.9
Hypofibrinogenemia, or question of.....	6	0.1
Sickle cell anemia, trait.....	8	0.2
Cooley's anemia.....	10	0.2
Hemoglobinopathy with C-A trait.....	1	0.02
Anemia secondary to other disease (3 renal, 1 lupus erythematosus, 1 cancer).....	5	0.1
Anemia secondary to blood loss, antepartum..	16	0.3
Anemia macrocytic.....	2	0.04
Anemia, megaloblastic.....	6	0.1
Folic acid deficiency anemia.....	5	0.1
Pernicious anemia.....	1	0.02

ANTEPARTUM AND CONCURRENT CONDITIONS

—Continued

MEDICAL (EXCEPT GYNECOLOGICAL DISEASE) —Continued	Number	Per Cent
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Blood and Blood-Forming Organs—Continued

Thrombocytopenic purpura, ? due to hydrochlorothiazide.....	1	0.02
Hemolytic anemia, ? secondary to quinine intake.....	1	0.02
Erythroid hyperplasia of bone marrow.....	1	0.02
Hypoplasia of bone marrow.....	1	0.02

Endocrinological and Nutritional

Adrenogenital syndrome.....	1	0.02
Diabetes.....	34	0.6
Prediabetic.....	3	0.1
History of Stein-Leventhal syndrome.....	3	0.1
Thyroiditis (1 chronic, 1 subacute).....	2	0.04
Hyperthyroidism.....	6	0.1
Thyrotoxicosis.....	1	0.02
Hypothyroidism.....	20	0.4
Other diseases of thyroid or previous thyroidectomy.....	105	2.0
Obesity.....	42	0.8
Excessive weight gain.....	106	2.0
Excessive weight loss.....	2	0.04
Malnutrition.....	1	0.02
Others.....	5	0.1

Mental, Nervous and Sense Organs

Mental disease.....	29	0.5
Epilepsy.....	26	0.5
Convulsive or other seizures, 1 post infection	4	0.1
Encephalitis, A. P.....	1	0.02
Multiple sclerosis.....	3	0.1
Cerebral thrombosis with right hemiplegia, A.P.	1	0.02
Previous cerebrovascular accident with residual motor and sensory impairment.....	1	0.02
Residual ataxia after brain surgery.....	1	0.02
Cerebral concussion and convulsions after accidental trauma, A. P.....	1	0.02
Acute polyneuritis, ? idiopathic.....	1	0.02
Bell's palsy.....	3	0.1
History of poliomyelitis.....	6	0.1
Neurosis, anxiety.....	20	0.4
Other nervous.....	20	0.4
Diseases of eye and ear.....	59	1.1

ANTEPARTUM AND CONCURRENT CONDITIONS

—Continued

MEDICAL (EXCEPT GYNECOLOGICAL DISEASE) —Continued	Number	Per Cent
<i>Cancer and Other Tumors</i>		
Cancer (currently active 2 sarcoma, 1 Hodgkin's disease, 10 postoperative or postradiation)	13	0.2
Boeck's sarcoid.....	3	0.1
Breast tumor.....	36	0.7
Nevi, sebaceous cyst etc. of skin.....	34	0.6
Pregnancy tumor of gingiva.....	1	0.02
Other non-malignant tumors.....	21	0.4
<i>Skin</i>		
Erythema multiforme (P. P. adm. only).....	1	0.02
Abnormality of pigmentation.....	3	0.1
Lupus erythematosus.....	5	0.1
Scleroderma.....	1	0.02
Axillary polymastia.....	1	0.02
Cellulitis, furunculosis, etc.....	17	0.3
Herpes gestationis.....	1	0.02
Psoriasis.....	6	0.1
Dermatitis, acne, rash, etc.....	57	1.1
Poison ivy infection A. P.....	2	0.04
Others of skin.....	19	0.4
<i>Bone and Muscle</i>		
Myasthenia gravis.....	1	0.02
Previous hemipelvectomy for sarcoma.....	2	0.04
Congenital deformities.....	16	0.3
Scoliosis.....	36	0.7
Arthritis.....	14	0.3
Previous fracture of pelvis.....	2	0.04
Previous fracture of coccyx and pubic bone..	1	0.02
Fracture of mandible, A. P.....	1	0.02
Fracture of foot, A. P.....	1	0.02
Fracture of tibia, A. P.....	1	0.02
Herniated I. V. disc, or previous laminectomy	12	0.2
Others of bone and muscle.....	30	0.6
<i>Miscellaneous Diseases</i>		
Chickenpox.....	2	0.04
Measles.....	1	0.02
Mumps.....	1	0.02
Rubella.....	4	0.1
Infectious mononucleosis.....	1	0.02
Gonorrhea.....	2	0.04
Syphilis, or history of syphilis.....	39	0.7
Acute drug poisoning antepartum.....	2	0.04
Drug addiction or history of drug addiction..	2	0.04

ANTEPARTUM AND CONCURRENT CONDITIONS

—Continued

MEDICAL (EXCEPT GYNECOLOGICAL DISEASE)— <i>Continued</i>	<u>Number</u>	<u>Per Cent</u>
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Miscellaneous Diseases—Continued

Alcoholism or history of alcoholism.....	2	0.04
Tuberculosis, non-pulmonary.....	11	0.2
Large area of lipodystrophy, rt. buttock.....	1	0.02
Acute viral illness with eosinophilia, leuko- cytosis and skin eruption; unknown etiology	1	0.02
Fever unknown etiology in second trimester..	1	0.02
History of drug sensitivity.....	546	10.3

SURGERY COMPLICATING PREGNANCY

DURING PREGNANCY

Exploratory laparotomy (pedunculated myoma in one not removed).....	7
Exploratory laparotomy and other procedure.....	8
Resection of ovary.....	4
Incision and exploration of uterine horn.....	1
Needling of ovarian cyst.....	1
Lysis of adhesions.....	4
Partial salpingectomy.....	2
Salpingotomy.....	1
Cholecystectomy and common duct exploration.....	1
Appendectomy for appendicitis.....	7
Appendectomy, incidental.....	6
Pyelotomy.....	1
Greater and lesser saphenous veins phlebectomy.....	1
Thoracentesis.....	1
Tracheotomy, tracheostomy.....	2
Endaural mobilization with anterior crurotomy.....	1
Transabdominal amniotic tap (4 times unsuccessful in one individual).....	1
Repair of incompetent cervical os (Shirodkar procedure).....	37
Removal of cervical suture (Shirodkar).....	16
Colpotomy.....	3
Cud-de-sac aspiration.....	8
Culdoscopy.....	1
Cervical polypectomy.....	5
Biopsy of cervix.....	10
Excision biopsy of pregnancy tumor of gingiva.....	1
Excision of breast tumor.....	7
Renal biopsy.....	1
Biopsy of bone marrow.....	23
Skin and muscle biopsy.....	2
Skin biopsy.....	1
Incision and drainage of chalazion.....	2

SURGERY COMPLICATING PREGNANCY—*Continued*

DURING PREGNANCY—*Continued*

Incision and drainage of Bartholin's duct abscess or marsupialization.....	6
Incision and drainage of labial abscess.....	2
Incision and drainage of Nabothian cyst.....	1
Incision and drainage of groin abscess.....	1
Incision and drainage of abscess of axilla.....	1
Incision and drainage of paronychia.....	1
Incision and drainage of hemorrhoid.....	1
Hemorrhoidectomy.....	1
Excision of nevi, benign tumors.....	9
Extraction of teeth.....	26
Renal dialysis (repeated in same patient).....	1
Bronchoscopy (repeated in one of two patients).....	2
Total.....	218

AT TERMINATION OF PREGNANCY

AT CESARIAN SECTION

Hysterectomy (2 total).....	2
Myomectomy.....	3
Excision of parovarian cyst.....	2
Exploration of fallopian tubes.....	1
Resection of ovary.....	4
Repair of uterine defect.....	4
Excision of previous scar.....	3
Repair of extension of uterine incision.....	1
Repair of umbilical hernia and diastasis recti.....	1
Excision of old abdominal scar.....	1
Tagging of ovaries with radiopaque suture material.....	2
Suture of bladder rent.....	1
Lysis of adhesions.....	3
Appendectomy.....	16
Tubal sterilization.....	24

AT TERMINATION OF ECTOPIC PREGNANCY

Unilateral salpingectomy (2 transvaginal).....	13
Unilateral partial salpingectomy (2 transvaginal).....	4
Bilateral partial salpingectomy.....	1
Salpingostomy.....	3
Salpingotomy (1 transvaginal).....	2
Other procedures associated with above:	
Partial salpingectomy contralateral.....	2
Total hysterectomy.....	1
Excision endometrial cyst of cul-de-sac.....	1
Resection of ovary.....	3
Excision of hydated of Morgagni.....	1
Biopsy of other tube.....	1
Myomectomy.....	1

SURGERY COMPLICATING PREGNANCY—*Continued*

AT TERMINATION OF PREGNANCY—*Continued*

AT TERMINATION OF ECTOPIC PREGNANCY—*Continued*

One point suspension of uterus.....	1
Appendectomy.....	3
Dilatation and curettage.....	8
Aspiration of cul-de-sac.....	5
Colpotomy.....	5
Biopsy of cervix.....	1

AT OTHER ABORTION (Including 4 therapeutic abortions)

Exploratory laparotomy, resection of ovarian cyst, myomectomy and lysis of adhesions.....	1
Myomectomy, biopsy of ovary and appendectomy.....	1
Dilatation and curettage and Shirodkar procedure.....	1
Tubal sterilization.....	1
Excision of condylomata accuminata.....	1
Cone biopsy of cervix.....	2
Biopsy of cervix.....	39
Cervical repair.....	1
Electrocoagulation of cervix.....	2
Vaginal myomectomy.....	1
Excision of urethral polyp.....	1
Tubal insufflation.....	1
Insertion of pessary.....	2
Colpotomy.....	3
Aspiration of cul-de-sac.....	3

AT VAGINAL DELIVERY

Cervical repair.....	35
Total.....	222

IN THE POSTPARTUM PERIOD

Exploratory laparotomy and other procedure.....	3
Subtotal hysterectomy.....	1
Oophorectomy.....	1
Resection of ovarian cysts.....	2
Repair of uterine defect.....	1
Partial salpingectomy.....	2
Tubal sterilization.....	21
Lysis of adhesions.....	1
Umbilical herniorrhaphy.....	1
Ventral herniorrhaphy.....	1
Cholecystectomy.....	2
Appendectomy for appendicitis.....	1
Appendectomy, incidental.....	3
Secondary closure of abdominal wound dehiscence.....	2
Incision and drainage of abdominal wound abscess.....	1
Removal of retained products of conception from uterus.....	2

SURGERY COMPLICATING PREGNANCY—*Continued*

IN THE POSTPARTUM PERIOD—*Continued*

Clamping and suturing of ruptured varicose veins of vagina.....	1
Secondary repair of episiotomy.....	16
Repair of rectovaginal fistula.....	2
Incision and drainage of rectovaginal septum.....	1
Repair of vaginal lacerations.....	7
Cervical polypectomy.....	2
Cervical repair.....	5
Dilatation and curettage.....	40
Curettage.....	1
Tamponade of uterus.....	9
Packing left broad ligament and vagina.....	1
Exploration of uterine cavity.....	4
Evacuation of vaginal hematoma.....	12
Excision of vaginal cysts.....	3
Cone biopsy of cervix.....	1
Biopsy of cervix.....	5
Repair of vaginal relaxing incisions.....	1
Excision of condylomata accuminata.....	2
Excision of papilloma of vulva.....	2
Excision of hymeneal tag.....	1
Excision of thrombosed varicose vein of labia.....	1
Excision of breast tumor.....	1
Incision and drainage of breast abscess.....	10
Incision and evacuation of thrombosed hemorrhoids.....	1
Percutaneous transfemoral renal arteriogram.....	2
Thyroidectomy.....	1
Renal dialysis.....	1
Repeated bronchoscopy.....	1
Excision of lipoma of buttock.....	1
Excision of subungual exostosis.....	1
Excision of ingrown toenail.....	1
Biopsy of cervical lymph node.....	1
Bone marrow biopsy.....	2
Excision of nevi, papillomata and sebaceous cysts.....	21
Tooth extraction.....	3
Total.....	202

NON-OPERATIVE PROCEDURES AMONG PATIENTS WHO DELIVERED

	<i>Number</i>	<i>Per Cent of Total Deliveries</i>
Induction without pitocin.....	17	0.4
Induction with pitocin alone.....	223	4.7
Induction—rupture of membranes alone.....	56	1.2
Induction with pitocin and rupture of membranes..	82	1.7
Induction—rupture of membranes and stimulation with pitocin.....	40	0.8
Stimulation of labor with pitocin alone.....	716	15.0
Cystoscopy.....	1	0.02
Proctoscopy.....	2	0.04
Vaginal examination—intrapartum.....	4,376	91.8
Exploration of uterine cavity at delivery.....	262	5.5
Transfusion (number of patients receiving trans- fusions*).....	109	2.3

ANTEPARTUM DISCHARGES

PRIMARY REASON FOR ADMISSION

	<i>Number</i>	<i>Per Cent of Antepartum Discharges</i>
OBSTETRICAL COMPLICATIONS		
False labor.....	92	20.4
Antepartum bleeding (1st trimester, 12; 2nd, 19; 3rd, 50).....	81	18.0
Threatened abortion (1 with septicemia).....	36	8.0
Premature rupture of membranes.....	17	3.8
Premature labor.....	2	0.5
For consideration of C. S.....	3	0.7
Failed induction.....	2	0.5
Toxemia or suspected toxemia.....	11	2.4
Vomiting.....	6	1.4
Diagnosis of pregnancy.....	5	1.1
Thrombophlebitis.....	6	1.4
History of short labors.....	1	0.2
Suspected ectopic pregnancy.....	2	0.5
Acute polyhydramnios.....	1	0.2
Separation of symphysis pubis.....	1	0.2

GYNECOLOGICAL COMPLICATIONS

Operative

Major abdominal.....	4	0.9
Minor (includes 27 repairs of incompetent cervical os).....	41	9.1

*The total number of obstetrical patients receiving transfusions was 194.

ANTEPARTUM DISCHARGES—*Continued*

PRIMARY REASON FOR ADMISSION—*Continued*

GYNECOLOGICAL COMPLICATIONS — <i>Continued</i>	Number	Per Cent of Antepartum Discharges
<i>Non-Operative</i>		
Examination under anesthesia.....	12	2.7
Degenerating myoma, 1 obstructing.....	3	0.7
Other myoma.....	1	0.2
Ovarian cyst, 2 twisted.....	4	0.9
Question of cervical incompetence.....	2	0.5
Draining fistula in introitus.....	1	0.2
Bartholin's duct abscess.....	1	0.2
Abscess of labia and multiple abscesses.....	1	0.2
MEDICAL AND SURGICAL COMPLICATIONS (EXCLUDING GYNECOLOGICAL DISEASE)		
<i>Operative</i>		
Major abdominal.....	2	0.5
Minor.....	7	1.6
<i>Non-Operative</i>		
Heart disease in failure.....	2	0.5
Active pulmonary tuberculosis.....	2	0.5
Pneumonia.....	1	0.2
Asthmatic bronchitis.....	1	0.2
Bronchitis.....	1	0.2
Severe upper respiratory infection.....	4	0.9
Sinusitis with cellulitis of left cheek.....	1	0.2
Question of mild cholestatic or anicteric hepatitis.....	2	0.5
Gall bladder disease.....	2	0.5
Bowel obstruction secondary to fecal impaction	1	0.2
Severe constipation.....	2	0.5
Subdiaphragmatic hernia.....	1	0.2
Duodenitis.....	1	0.2
Enterocolitis.....	1	0.2
Gastroenteritis.....	1	0.2
Rectal bleeding.....	1	0.2
Overdose of medication for diarrhea.....	1	0.2
Acute tonsillitis.....	1	0.2
Chronic renal disease.....	3	0.7
Renal shutdown.....	1	0.2
Acute glomerulonephritis, 1 with nephrotic syndrome.....	2	0.5
Possible ureteral calculus.....	1	0.2
Albuminuria, question of etiology.....	1	0.2
Pyelitis.....	23	5.1

ANTEPARTUM DISCHARGES—*Continued*

PRIMARY REASON FOR ADMISSION—*Continued*

MEDICAL AND SURGICAL COMPLICATIONS (EXCLUDING GYNECOLOGICAL DISEASE) — <i>Continued</i>	<i>Number</i>	<i>Per Cent of Antepartum Discharges</i>
<i>Non-Operative—Continued</i>		
Other urinary tract infection.....	2	0.5
Thalassemia minor.....	1	0.2
Severe megaloblastic anemia (3 adm. for 1 patient).....	5	1.1
Diabetes.....	5	1.1
Acute polyneuritis, probably idiopathic.....	1	0.2
Migraine headaches.....	3	0.7
Anxiety state, or hysteria.....	2	0.5
Dizziness and fainting.....	1	0.2
Lupus erythematosus.....	4	0.9
Toxic erythema.....	1	0.2
Ischiorectal abscess.....	1	0.2
Contusion right ankle.....	1	0.2
Chest pain secondary to superficial tear in rib and periosteum.....	1	0.2
Sacrospinal tendonitis (2 adm. same patient)...	2	0.5
Fever, question of secondary to Inferon injections.....	1	0.2
Fever, undetermined etiology.....	1	0.2
Epigastric pain.....	1	0.2
Abdominal pain, undetermined etiology.....	15	3.3
Total.....	450	100.0

POSTPARTUM ADMISSIONS

PRIMARY REASON FOR ADMISSION

Dilatation and curettage and excision of ovarian cyst and appendectomy.....	1	1.2
Dilatation and curettage and cone biopsy of cervix	1	1.2
Dilatation and curettage and biopsy of cervix.....	3	3.5
Puerperal bleeding, dilatation and curettage performed.....	27	31.4
Puerperal bleeding, other.....	5	5.8
Febrile due to		
—endometritis (postabortal pelvic abscess in two, and pelvic peritonitis in one).....	7	8.1
—mastitis.....	3	3.5
—pyelitis.....	1	1.2
—thrombophlebitis.....	1	1.2
Pelvic inflammatory disease after induced abortion (one day fever).....	1	1.2
Endometritis, parametritis.....	1	1.2

POSTPARTUM ADMISSIONS—*Continued*

PRIMARY REASON FOR ADMISSION—*Continued*

	<i>Number</i>	<i>Per Cent of Postpartum Admissions</i>
Abdominal wound separation.....	1	1.2
Thrombophlebitis.....	2	2.3
Breast abscess.....	9	10.5
Abscess of rectovaginal septum.....	1	1.2
Admitted immediately after delivery.....	9	10.5
Repair of cervical laceration.....	1	1.1
Secondary repair of episiotomy.....	1	1.1
Suturing bleeding point in hymeneal ring.....	1	1.1
Removal of secundines from os and uterine cavity..	1	1.1
Degenerating myoma.....	1	1.1
Adnexal mass.....	1	1.1
Skenitis.....	1	1.1
Urinary tract infection.....	2	2.3
Percutaneous transfemoral arteriogram.....	1	1.2
Gall bladder disease.....	1	1.2
Abdominal pain, undetermined etiology.....	1	1.2
Low back pain syndrome.....	1	1.2
Total.....	86	100.0

PERINATAL MORTALITY BY CAUSE OF DEATH, TIME OF DEATH AND BY BIRTH WEIGHT*—1962

Cause of Death*	Before Labor			During Labor			Neonatal			Total		
	500- 999	1000- 2499	2500 + Total	500- 999	1000- 2499	2500 + Total	500- 999	1000- 2499	2500 + Total	500- 999	1000- 2499	2500 + Total
<i>Anoxia</i>												
Premature separation of the placenta.....	..	2	4	1	2	3	1	..	1	2	4	8
Cord prolapse.....	..	..	..	1	..	1	..	..	1	1	..	3
Cord other.....	..	3	6	..	..	..	..	..	..	..	3	6
Anoxia.....	..	..	..	..	..	1	..	..	..	..	..	1
<i>No Abnormal State—Maternal Complication</i>												
Toxemia.....	2	3	5	..	..	1	..	..	..	2	3	6
Intrapartum infection.....	1	..	1	..	..	1	..	..	..	1	..	2
Scleroderma.....	..	1	1	..	..	..	..	..	..	..	1	1
Abdominal operation for intestinal obstruction 6 days prior to onset of labor.....	..	..	..	..	1	..	..	..	..	..	1	1
Incompetent cervix.....	2	..	2	..	..	..	..	..	..	2	..	2
<i>Birth Injury</i>.....	..	..	..	..	..	..	..	..	1	..	..	1
<i>Malformation</i>.....	..	1	1	..	2	4	..	11	6	17	14	22
<i>Abnormal Pulmonary Ventilation</i>												
Atelectasis with hyaline membrane disease.....	..	..	..	..	..	..	1	7	1	9	7	9
Atelectasis without hyaline membrane disease.....	..	..	..	..	..	..	..	1	..	..	1	1
Hyaline membrane disease.....	..	..	..	..	..	..	2	4	6	2	4	6
Respiratory distress syndrome (no autopsy).....	..	..	..	..	..	..	..	2	2	..	2	2

(Continued on page 56)

PERINATAL MORTALITY BY CAUSE OF DEATH, TIME OF DEATH,
AND BY BIRTH WEIGHT*—1962—Continued

Cause of Death*	Before Labor			During Labor			Neonatal			Total		
	500- 999	1000- 2499	2500 +	Total	500- 999	1000- 2499	2500 +	Total	500- 999	1000- 2499	2500 +	Total
<i>Infection</i>												
Intrauterine pneumonia.....	..	..	1	1	..	..	..	2	1	1	1	3
Intrauterine sepsis, pneumonitis, omphalitis.....	..	1	..	1	..	..	..	..	..	1	..	1
Viremia (Coxsackie B) and meningitis.....	..	..	..	..	..	..	1	1	..	..	1	1
<i>Erythroblastosis</i>	1	4	3	8	..	..	1	4	1	5	7	13
<i>Other Conditions or Causes</i>												
Intracranial hemorrhage.....	..	..	..	..	..	..	1	4	1	2	1	4
Hemorrhage of lungs and adrenals..	..	..	..	..	..	1	..	..	..	..	1	1
Multiple hemorrhages.....	..	..	..	..	..	..	1	1	..	1	..	1
Passive hyperemia of liver in deadborn macerated fetus.....	1	..	..	1	..	..	..	..	1	..	..	1
Polyhydramnios.....	..	1	..	1	..	..	..	..	..	1	..	1
Cardiac arrest unknown etiology.....	..	..	..	..	..	..	1	1	..	..	1	1
Prematurity.....	..	2	..	2	..	..	1	3	2	3	..	5
Macerated, no cause determined.....	5	3	2	10	..	..	..	..	5	3	2	10
TOTAL.....	12	21	11	44	2	5	8	15	22	57	34	113

*Autopsies were performed in 95 of the 113 perinatal deaths.

LIVE BIRTHS, DEADBORN AND TOTAL BIRTHS, NEONATAL AND
TOTAL DEATH RATES PER 100

1962

BY BIRTH WEIGHT IN GRAMS
{Including Twins}

Weight in Grams	Live Births	Neonatal Deaths	Neonatal Death Rate Per 100 Live Births	Deadborn	Total Births (Live and Deadborn)	Total Deaths (Neonatal and Deadborn)	Total Death Rate per 100 Total Births
500- 999.....	13	8	61.5	14	27	22	81.5
1,000-1,499.....	33	15	45.5	14	47	29	61.8
1,500-1,999.....	62	10	16.1	8	70	18	25.7
2,000-2,499.....	223	4	1.8	4	227	8	3.5
2,500-2,999.....	1,002	6	0.6	12	1,014	18	1.8
3,000-3,499.....	1,987	5	0.3	5	1,992	10	0.5
3,500-3,999.....	1,137	4	0.4	1	1,138	5	0.4
4,000-4,499.....	258	..	..	..	258	..	..
4,500-4,999.....	27	..	..	..	27	..	..
5,000 +	5	..	..	1	6	1	16.7
*Premature conjoined twins.....	2	2	100.0	..	2	2	100.0
TOTAL.....	4,749	54	1.1	59	4,808	113	2.3
1,000 and over.....	4,736	46	1.0	45	4,781	91	1.9
1,500 and over.....	4,701	29	0.6	31	4,732	60	1.3
2,500 and over.....	4,416	15	0.3	19	4,435	34	0.8

*Combined weight 2,240 grams.

MATERNAL MORTALITY FOR PERIOD

September 1, 1932-December 31, 1962

PAVILION, PRIVATE AND BERWIND OUTDOOR SERVICES

During this period there were 132 deaths in 144,501 discharged patients; a maternal mortality rate of 0.9 per 1,000 patients discharged, or 1.0 per 1,000 pregnancies. In 1962, there were 3 deaths. The causes of death for the total period are shown in the following table:

<i>Cause of Death</i>	1932 to 1937	1938 to 1942	1943 to 1947	1948 to 1952	1953 to 1957 *†	1958 ‡	1959	1961	1962 §	Total	Grand Total	Per Cent Total
Infection												
Antepartum.....	1	..	..	..	..	..	..	..	..	1	21	15.9
Postpartum												
Puerperal infection.....	4	..	1	..	..	..	..	..	..	5		
Peritonitis following C. S.....	5	1	..	..	..	..	..	..	..	6		
Peritonitis following ruptured appendix.....	..	2	..	..	..	..	..	..	..	2		
Postabortal.....	1	3	..	1	1	..	..	..	..	6	8	6.0
Septic shock postabortal.....	..	..	..	..	..	..	..	..	1	1		
Pneumonia												
Antepartum.....	2	..	..	..	..	..	..	..	..	2	6	
Postpartum.....	4	..	1	..	1	..	..	..	..	6		
Hemorrhage												
Antepartum												
Placenta previa.....	1	..	..	..	..	..	..	..	..	1	3	
Premature separation of placenta...	3	..	..	..	..	..	..	..	..	3		
Postpartum												
Vaginal delivery.....	4	2	3	..	..	..	..	..	..	9	19	14.4
Following cesarean section.....	2	1	..	..	..	..	..	..	..	3		
Ruptured uterus.....	1	1	..	..	..	..	..	..	..	2		
Ectopic pregnancy.....	..	1	..	..	..	..	..	..	..	1		
Toxemia												
Acute yellow atrophy.....	2	1	..	..	..	..	..	..	..	3	5	3.8
Eclampsia.....	1	..	..	1	..	..	..	..	..	2		
Cardiac disease												
Antepartum.....	2	3	3	5	3	..	..	..	..	16	23	17.4
Postpartum.....	3	1	..	1	1	..	1	..	..	7		
Bronchial asthma.....	..	..	..	..	..	..	1	..	..	1	1	0.7
Cushing's disease.....	..	..	..	..	..	..	1	..	..	1	1	0.7
Embolus.....	4	6	2	..	1	..	..	..	..	13	13	9.8
Massive necrosis of liver, (5 weeks after transfusions).....	..	..	..	..	..	..	..	1	..	1	1	0.7
Pyelonephritis.....	2	..	..	1	1	..	..	..	..	4	4	3.0
Subacute glomerulonephritis.....	..	..	..	..	..	..	..	1	..	1	1	0.7
Ischemic nephrosis.....	..	..	..	..	1	..	..	..	..	1	1	0.7
Necrosis of renal cortices.....	..	..	1	..	..	..	..	..	..	1	1	0.7
Cerebrovascular accident.....	2	1	3	..	..	..	..	..	..	6	6	4.5
Anesthesia.....	1	1	..	..	..	..	..	..	1	3	3	2.3
Transfusion reaction.....	..	..	2	..	..	..	..	..	..	2	2	1.5
Tuberculous meningitis.....	..	..	..	..	..	1	..	..	..	1	1	0.8
Tuberculosis, miliary.....	1	..	..	..	..	..	..	..	..	1	1	0.8
Choriocarcinoma.....	1	..	1	..	..	1	..	..	..	3	3	2.3
Carcinoma of breast.....	..	..	..	3	..	..	..	..	..	3	3	2.3
Carcinoma of liver.....	..	..	1	..	..	..	..	..	..	1	1	0.8
Carcinoma of thyroid.....	..	..	1	..	..	..	..	..	..	1	1	0.8
Melanocarcinoma skin of right buttock.....	..	..	..	1	..	..	..	..	..	1	1	0.8
Sarcoma (neurogenic 2, reticulum cell, 2).....	..	..	1	..	3	..	..	..	..	4	4	3.0
Postoperative to granulosa cell tumors of ovaries (benign ?).....	..	..	..	..	1	..	..	..	..	1	1	0.8
Scleroderma.....	..	..	..	..	..	..	..	..	1	1	1	0.8
Blood dyscrasia-erythroblastic splenomegaly.....	1	..	..	..	..	..	..	..	..	1	1	0.8
Sickle Cell HbC disease (crisis).....	..	..	..	..	..	..	..	1	..	1	1	0.8
Suicide (undelivered).....	1	..	..	..	..	..	..	..	..	1	1	0.8
Colitis, subacute.....	..	1	..	..	..	..	..	..	..	1	1	0.8
Not determined (insufficient data).....	1	..	..	..	..	..	..	..	..	1	1	0.8
TOTAL.....	50	25	20	13	13	2	3	3	3	132	132	100.0

* There were no maternal deaths in 1954 or 1960.

† Three of these deaths occurred after transfer to other services in the main hospital.

‡ One of these deaths occurred after transfer to another service in the hospital.

§ Two deaths occurred in patients admitted to other services in the hospital via Emergency Room.

STATISTICS

GYNECOLOGICAL DEPARTMENT

January 1, 1962—December 31, 1962

TOTAL DISCHARGES..... 2,686

Race

Puerto Rican.....	45
Non White.....	291
Other.....	2,350

TOTAL..... 2,686

DIAGNOSIS ON DISCHARGE

VULVA

Bartholin's gland abscess or cyst.....	89
Benign tumor.....	31
Carcinoma.....	10
Condylomata.....	10
Congenital abnormalities.....	4
Diseases of hymen.....	4
Leukoplakia.....	7
Kraurosis.....	4
Vulvitis.....	4
Others of Vulva.....	47

VAGINA AND PERINEUM

Benign tumor.....	25
Carcinoma.....	4
Congenital abnormalities.....	9
Cul-de-sac hernia.....	46
Cystocele.....	397
Rectocele.....	334
Gartner's duct tumor.....	4
Inclusion cyst.....	25
Old perineal laceration.....	2
Rectovaginal fistula.....	5
Relaxed outlet.....	312
Vesicovaginal fistula.....	6
Ureterovaginal fistula.....	2
Other fistulae.....	2
Stricture.....	11
Vaginitis.....	23
Others of vagina and perineum.....	146

CERVIX

Carcinoma, adeno.....	19
Carcinoma, squamous (invasive).....	83
Carcinoma, in situ (Stage O).....	51
Basal cell hyperactivity.....	79
Cervicitis.....	1,334

DIAGNOSIS ON DISCHARGE—*Continued*

CERVIX—*Continued*

Endocervicitis.....	60
Congenital abnormalities.....	8
Descensus.....	120
Endometriosis.....	8
Erosion.....	259
Hyperkeratosis.....	47
Hypertrophy.....	89
Incompetent cervical os.....	35
Laceration.....	107
Parakeratosis.....	4
Myoma.....	4
Polyp.....	182
True ulcer.....	37
Other benign tumors.....	47
Squamous metaplasia.....	172
Stenosis.....	65
Cystic.....	1,142
Others of cervix.....	38

UTERUS

Atrophic endometrium.....	216
Adenomyoma.....	9
Adenomyosis.....	73
Ichthyosis uteri with atypical changes.....	1
Carcinoma.....	79
Congenital abnormalities.....	30
Endometriosis.....	27
Hemorrhagic lipomyxoma.....	1
Hypertrophy.....	28
Hyperplasia of endometrium.....	183
Menorrhagia.....	819
Metrorrhagia.....	807
Myoma.....	964
Polyp.....	209
Pyometria.....	1
Procidentia.....	46
Retroversion.....	273
Other malposition.....	68
Tuberculosis of endometrium.....	1
Sarcoma.....	2
Others of uterus.....	60

TUBE

Benign tumor.....	5
Carcinoma.....	3
Congenital abnormalities.....	5
Endometriosis.....	6
Hematosalpinx.....	5
Hydrosalpinx.....	32
Pyosalpinx.....	4

DIAGNOSIS ON DISCHARGE—*Continued*

TUBE—*Continued*

Perisalpingitis.....	11
Salpinxitis.....	179
Tubo-ovarian abscess.....	10
Others of tube.....	67

OVARY

Carcinoma.....	40
Congenital abnormalities.....	6
Corpus hemorrhagicum.....	33
Corpus luteum cyst.....	79
Dermoid cyst.....	30
Endometrial cyst.....	51
Endometriosis.....	35
Fibroma, fibroadenoma.....	13
Follicular cyst.....	36
Brenner tumor, benign.....	2
Granulosa cell tumor, benign.....	2
Perioophoritis.....	20
Parovarian cyst.....	14
Peripheral sclerosis.....	54
Prolapse.....	28
Pseudomucinous cyst, cystadenoma.....	11
Serous cystadenoma.....	46
Simple retention cyst.....	4
Thecoma.....	2
Struma ovarii.....	1
Other cysts and tumors.....	44
Others of ovary.....	46

OTHER CONDITIONS

Sarcoma involving pelvis.....	1
Carcinoma involving pelvis, site of origin unknown.....	6
Intraligamentary myoma.....	4
Intraligamentary cyst.....	1
Endometriosis—other genital.....	30
Endometriosis—extra genital.....	8
Peritoneal inclusion cyst.....	3
Pelvic abscess, cellulitis.....	13
Pelvic peritonitis.....	12
Pseudohermaphroditism.....	3
Stein-Leventhal syndrome.....	22
Syphilis or history of syphilis.....	40
Gonorrhea.....	4
Urethrocele.....	64
Other (miscellaneous), gynecological and associated pelvic conditions.....	578

CANCER ADMISSIONS

1962

	<i>New Cases</i>	<i>First Admissions of 1962</i>	<i>Total Admissions in 1962</i>
CERVIX UTERI			
Invasive, Stages I-IV.....	39	54	102
Intraepithelial, Stage O.....	25	33	51
CORPUS UTERI			
Carcinoma.....	40	54	79
Sarcoma.....	2	2	2
OVARY			
Carcinoma.....	20	28	40
Tube.....	3	3	3
VULVA.....	5	6	10
VAGINA.....	1	3	4
BLADDER.....	1	1	1
URETHRA.....	1	2	4
PELVIS, SITE OF ORIGIN UNKNOWN	4	4	7
Total.....	141	190	303

OPERATIONS

Major.....	894
Minor.....	1,546
Total.....	2,440

TOTAL OPERATIONS AND PROCEDURES PERFORMED ON PATIENTS DISCHARGED FROM GYNECOLOGICAL SERVICE 1962*

VAGINAL AND PERINEAL		Removal of parovarian cyst..	10
Dilatation of cervix.....	13	Tubal sterilization (7 via	
Dilatation and curettage.....	1,803	colpotomy).....	13
Tubal insufflation.....	4	Salpingostomy.....	25
Cone biopsy of cervix.....	58	Other abdominal operations..	69
Other biopsy of cervix.....	1,060	URINARY TRACT OPERATIONS	
Other biopsy.....	73	Cystectomy.....	1
Insertion of pessary.....	23	Plication urethra.....	6
Insertion of radium.....	66	Suprapubic suspension urethra	27
Cauterization of cervix.....	33	Repair of ureterovaginal	
Bartholin's excision.....	24	fistula.....	2
Bartholin's incision and drain-		Repair of vesicovaginal fistula	2
age, or marsupialization...	40	Transplantation, anastomosis	
Removal condylomata.....	7	ureters.....	1
Removal inclusion cyst.....	3	Biopsy.....	9
Hymenotomy, hymenectomy.	16	Excision urethral caruncle...	6
Cervical repair.....	4	Other operations.....	26
Polypectomy.....	88	RECTAL OPERATIONS	
Amputation cervix.....	21	Repair rectovaginal fistula...	3
Vulvectomy.....	6	Hemorrhoidectomy.....	10
Perineorrhaphy.....	4	Polypectomy.....	4
Anterior colporrhaphy.....	209	Removal of rectum.....	1
Posterior colporrhaphy.....	192	Other operations.....	10
Other vaginoplasty.....	14	OTHER ABDOMINAL OPERATIONS	
Vaginectomy.....	2	Exploratory laparotomy, no	
Vaginal myomectomy.....	9	removal.....	6
Repair cul-de-sac hernia.....	32	Exploratory laparotomy,	
Vaginal hysterectomy.....	116	biopsy.....	136
Shirodkar procedure.....	34	Release of adhesions.....	89
Colpotomy.....	24	Appendectomy.....	204
Excision of cervical stump...	11	Repair hernia.....	5
Other vaginal operations....	136	Secondary closure.....	10
ABDOMINAL GYNECOLOGICAL		Colostomy.....	5
OPERATIONS		Removal peritoneal cyst.....	1
Total hysterectomy.....	321	OTHER OPERATIONS	
Subtotal hysterectomy.....	10	Excision breast tumors, benign	38
Myomectomy.....	68	Paracentesis.....	10
Suspension associated with		Presacral neurectomy.....	1
other surgery.....	29	Other operations.....	96
Radical pelvic eviscerectomy.	2	NON-OPERATIVE PROCEDURES	
Radical hysterectomy and		Examination under anesthesia	2,285
lymphadenectomy.....	13	Proctoscopy.....	94
Salpingectomy, unilateral....	102	Cystoscopy.....	105
Salpingectomy, bilateral....	146	THERAPY, NON-OPERATIVE	
Oophorectomy, unilateral....	110	Transfusions.....	160
Oophorectomy, bilateral....	142	X-ray.....	73
Resection of ovary.....	132		

* This table refers to operations and procedures performed during the patient's hospital admission.

POSTOPERATIVE COMPLICATIONS

Among 2,440 operative cases 2,033 or 83.3 per cent had no post-operative complications.

The following occurred among 407 patients who had post-operative complications:

	Number	<i>Per Cent of Total Operative Cases</i>
Febrile—etiology unknown.....	41	1.7
Febrile—pneumonia.....	3	0.1
Febrile—urinary tract infection.....	31	1.3
Febrile—thrombophlebitis.....	3	0.1
Febrile—infection operative site.....	13	0.5
Febrile—other cause.....	45	1.8
Shock—operative.....	1	0.04
Urinary tract infection—afebrile.....	101	4.1
Thrombophlebitis—afebrile.....	2	0.1
Pneumonia—afebrile.....	2	0.1

Some of the following complications occurring with a febrile course were included in the categories above also, and in some instances more than one complication occurred in the same individual:

	Number	<i>Per Cent of Total Operative Cases</i>
Coronary occlusion.....	4	0.2
Other cardiac.....	8	0.3
Pulmonary embolus.....	5	0.2
Paralytic ileus.....	18	0.7
Intestinal obstruction.....	4	0.2
Atelectasis.....	9	0.4
Wound infection (20 abdominal).....	25	1.0
Wound disruption (26 abdominal of which 8 were superficial, 1 vaginal).....	27	1.1
Septicemia (?).....	2	0.1
Peritonitis.....	2	0.1
Pelvic abscess, cellulitis.....	9	0.4
Enterovaginal fistula.....	1	0.04
Rectovaginal fistula.....	1	0.04
Anemia.....	60	2.5
Hemorrhage.....	8	0.3
Hematoma.....	23	0.9
Other respiratory.....	17	0.7
Other urinary.....	13	0.5
Other digestive.....	5	0.2
Other circulatory.....	7	0.3
Miscellaneous.....	47	1.9
TOTAL.....	537	

MORTALITY ON GYNECOLOGICAL SERVICE

FOR THE PERIOD—September 1, 1932—December 31, 1962

During this period there were 317 deaths in 53,091 discharged patients, giving a gross mortality of 0.6% or 6 per thousand patients discharged.

	<i>Postoperative Mortality*</i>			
	1962		1932-1962	
	<i>Operations</i>	<i>Deaths</i>	<i>Operations</i>	<i>Deaths</i>
Major.....	894	9	19,597	119
Minor.....	1,546	3	27,778	58
TOTAL.....	2,440	12	47,375	177

The incidence of postoperative mortality=0.5% (4.9 per thousand) for 1962 and for the whole period, 0.4% (3.7 per thousand).

The causes of death in these 317 patients are shown in the following table:

<i>Cause of Death</i>	1932- 1937	1938- 1942	1943- 1947	1948- 1952	1953- 1957	1958	1959	1960	1961	1962	<i>Total</i>
Acute leukemia.....	..	..	..	1	..	..	..	..	..	..	1
Air embolism.....	..	..	1	..	..	..	..	..	..	..	1
Asphyxia.....	..	..	1	..	..	..	..	..	..	..	1
Carcinoma of bladder.....	..	1	..	..	..	..	..	..	..	..	1
Carcinoma, bronchogenic..	..	..	..	1	..	..	..	..	..	..	1
Carcinoma, breast.....	..	..	..	1	1	..	..	..	..	1	3
Carcinoma of cervix.....	3	2	10	23	10‡	4‡	3	4**	3	6	68
Carcinoma of colon.....	..	2	..	..	..	..	..	..	..	..	2
Carcinoma of kidney.....	..	..	..	..	1	..	..	..	..	..	1
Carcinoma of ovary.....	7	14	12	21	21†	5	3	5	1	2	91
Carcinoma of pancreas....	..	..	1	..	2	..	..	..	..	..	3
Carcinoma of rectum.....	..	..	1	..	1	..	..	..	..	..	2
Carcinoma of sigmoid.....	..	..	..	1	..	..	..	..	1	..	2
Carcinoma of tube.....	..	1	..	..	2	..	..	..	..	..	3
Carcinoma of urethra.....	..	1	..	..	1	..	..	..	..	1	3
Carcinoma of uterus.....	1	5	4	11	6	1	3	1	1	2	35
Carcinoma of vagina.....	1	..	1	..	..	..	..	..	1	1	4
Carcinoma of vulva.....	..	..	1	1	1	..	..	1	..	1	5
Cardiac failure.....	1	..	1	2	2	..	..	..	1	..	7
Cirrhosis of liver.....	..	..	..	..	..	1	..	..	..	..	1

*"Postoperative Mortality" as used in this table includes all deaths following any operative procedure, major or minor, provided the procedure was performed during the terminal hospital stay of the patient, irrespective of the duration between operation and death.

‡One of these patients died after transfer to the Medical Department.

†One of these patients died after transfer to the Surgical Department.

**Two of these patients died after transfer to the Urology Department.

MORTALITY ON GYNECOLOGICAL SERVICE
FOR THE PERIOD—September 1, 1932–December 31, 1962—Continued

<i>Cause of Death</i>	1932- 1937	1938- 1942	1943- 1947	1948- 1952	1953- 1957	1958	1959	1960	1961	1962	<i>Total</i>
Coronary thrombosis.....	..	1	1	1	1	..	..	..	..	..	4
Diabetes.....	..	1	1	..	..	..	..	..	..	..	2
Hemorrhage, cerebral.....	1	..	..	..	..	..	..	..	..	..	1
Hemorrhage, cervical myoma.....	1	..	..	..	..	..	..	..	..	..	1
Hepatic abscess.....	..	..	1	..	..	..	..	..	..	..	1
Krukenberg tumor.....	1	..	1	..	1	..	..	..	..	..	3
Leiomyosarcoma, pelvis, site of origin unknown..	..	..	..	1	..	..	..	..	..	..	1
Malignant lymphoma.....	..	..	..	1	..	..	..	..	..	..	1
Malignant melanoma, melanosarcoma.....	1	..	..	..	1	..	..	..	..	..	2
Narcosis (gas, oxygen, ether).....	..	2	1	..	..	..	..	..	..	..	3
Nephritis.....	..	..	..	1	..	..	..	..	..	..	1
Pelvic inflammatory disease	1	..	..	..	..	..	..	..	..	..	1
Pelvic malignancy, site of origin unknown.....	2	..	..	..	5	..	..	..	..	2	9
Malignancy, site of origin unknown.....	..	..	..	..	..	1§	..	..	..	..	1
Peritonitis.....	3	1	1	..	..	..	..	..	1	..	6
Pneumonia.....	2	1	..	..	..	..	..	..	..	..	3
Pseudothrombophilia.....	..	..	..	1	..	..	..	..	..	..	1
Pulmonary embolus.....	2	8	3	1	..	..	..	..	1	1	16
Ruptured appendix.....	1	1	..	..	..	..	..	..	..	..	2
Sarcoma of ovary.....	1	..	..	..	..	..	..	..	..	..	1
Sarcoma of pancreas.....	..	1	..	..	..	..	..	..	..	..	1
Sarcoma of uterus.....	1	3	4	..	2	1	..	..	..	..	11
Leiomyosarcoma of broad ligament.....	..	..	..	..	..	..	1	..	..	..	1
Theca granulosa cell tumor	..	1	..	..	..	..	..	..	..	..	1
Thromboembolism.....	..	..	1	..	..	..	..	..	..	..	1
Tuberculosis, miliary.....	..	..	1	..	..	..	..	..	..	..	1
Tuberculous peritonitis....	..	..	..	1	..	..	..	..	..	..	1
Tubo-ovarian abscess.....	..	..	..	..	1	..	..	..	..	1	2
Uremia.....	..	1	..	..	..	..	..	..	..	..	1
Vascular accident (?).....	..	..	..	..	2	..	..	..	..	..	2
TOTAL.....	30	47	48	69	61	13	10	11	10	18	317

§This patient died after transfer to the Neurosurgical Department.

FIG. 1
INCIDENCE OF PRIVATE, SEMI-PRIVATE AND PAVILION DISCHARGES
OBSTETRICAL SERVICE
1932-1962

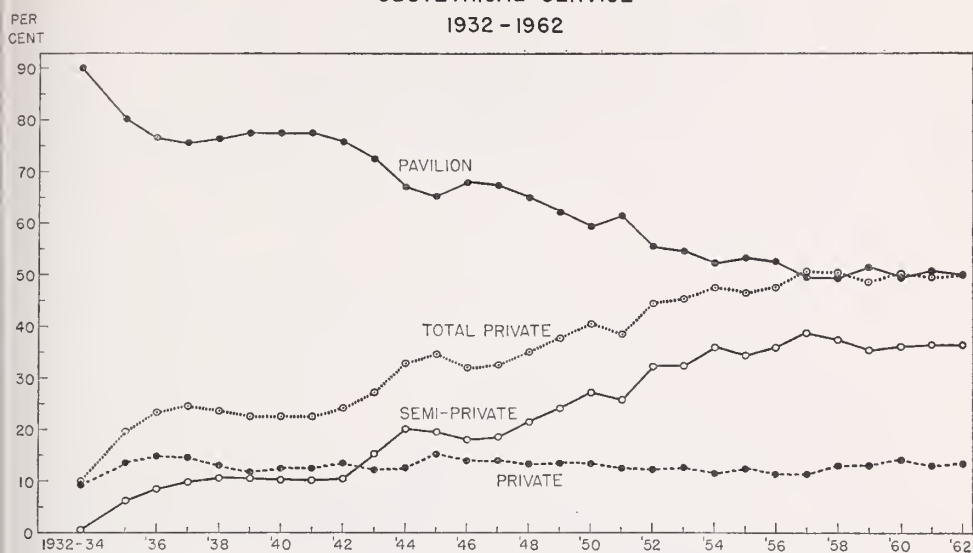


FIG. 2
INCIDENCE OF PRIVATE, SEMI-PRIVATE AND PAVILION DISCHARGES
GYNECOLOGICAL SERVICE
1937-1962

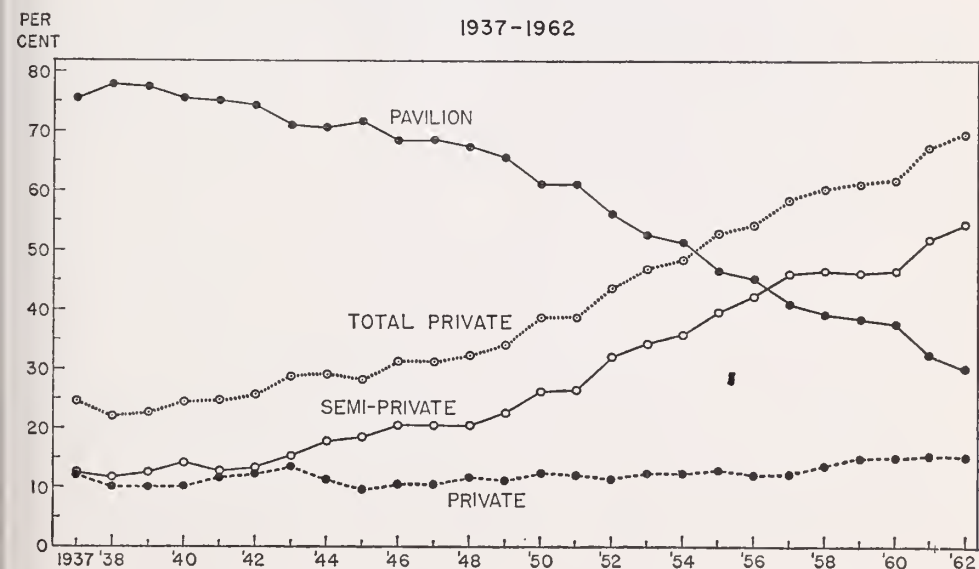


FIG. 3
INCIDENCE OF PUERPERAL INFECTION
AND OTHER FEBRILE MORBIDITY IN DELIVERIES
1932 - 1962

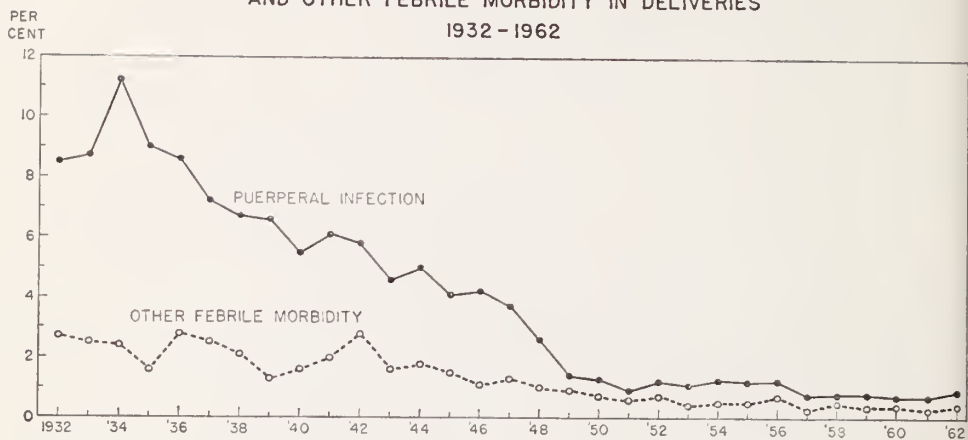


FIG. 4
INCIDENCE OF PROLONGED LABOR (30 HOURS OR MORE)
IN FULL TERM DELIVERIES
1932 - 1962



FIG. 5
INCIDENCE OF ECLAMPSIA, SEVERE PREECLAMPSIA
AND TOTAL TOXEMIA (EXCLUSIVE OF VOMITING) IN
TOTAL PREGNANCIES (DELIVERIES AND ABORTIONS)
1932 - 1962

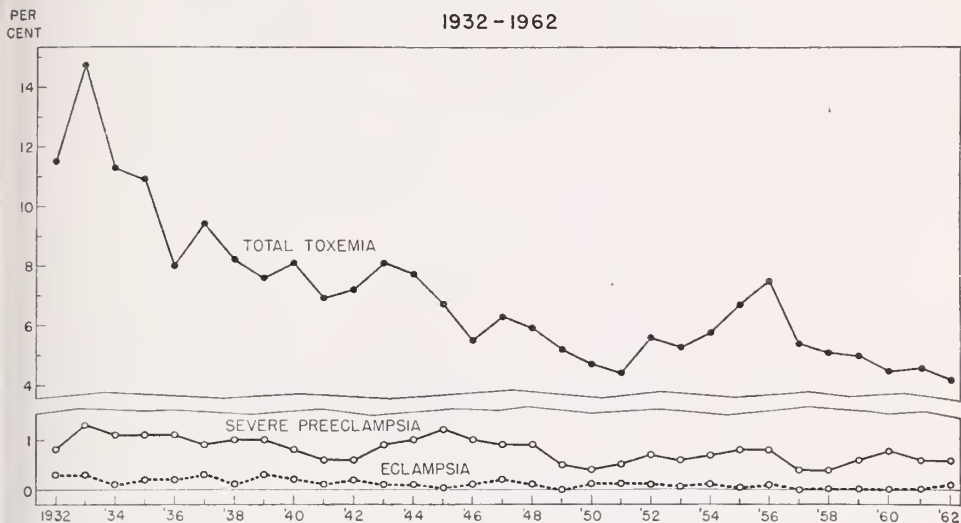


FIG. 6
INCIDENCE OF CESAREAN SECTION, VAGINAL OPERATIVE AND
SPONTANEOUS DELIVERY IN TOTAL INFANTS (INCLUDING TWINS)
1932 - 1962

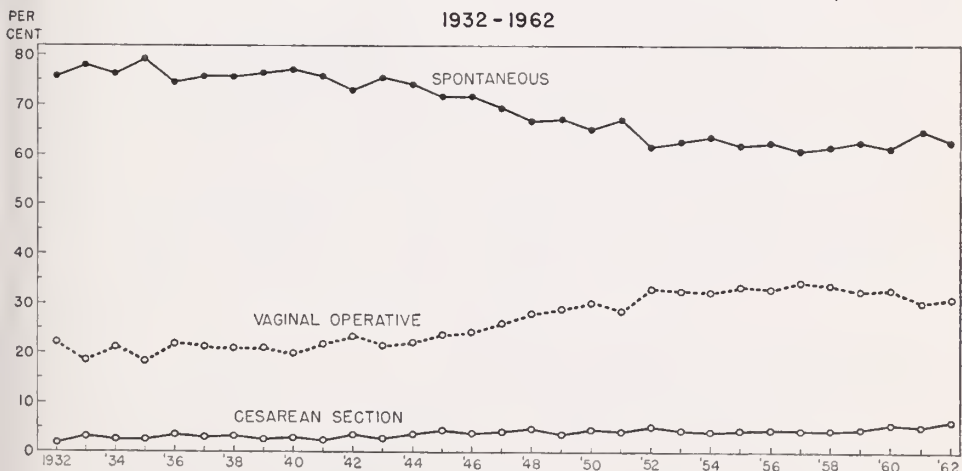


FIG. 7
INCIDENCE OF PERINATAL MORTALITY
IN VAGINAL OPERATIVE AND SPONTANEOUS DELIVERIES
1932 - 1962

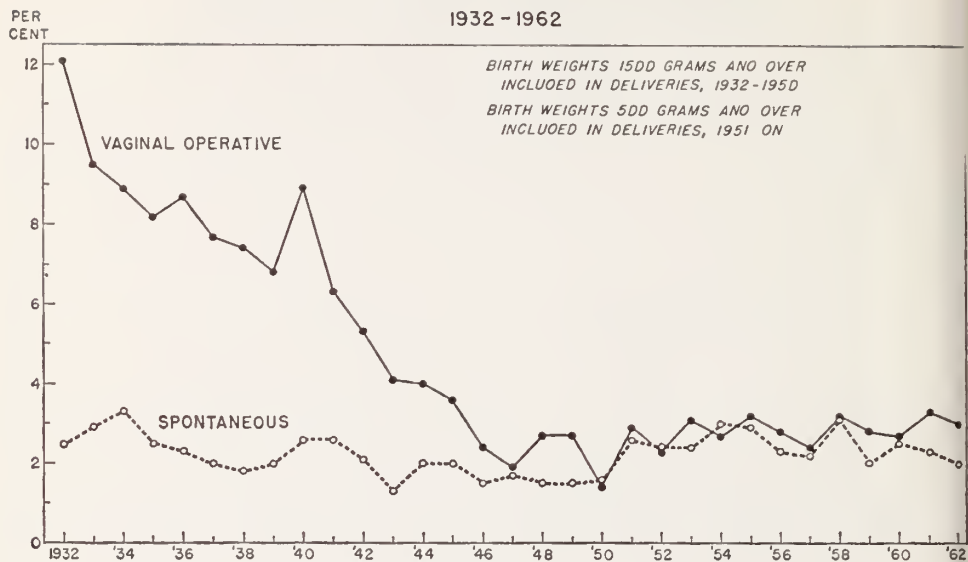


FIG. 8
INCIDENCE OF PERINATAL MORTALITY
IN CESAREAN SECTIONS AND SPONTANEOUS DELIVERIES
1932 - 1962

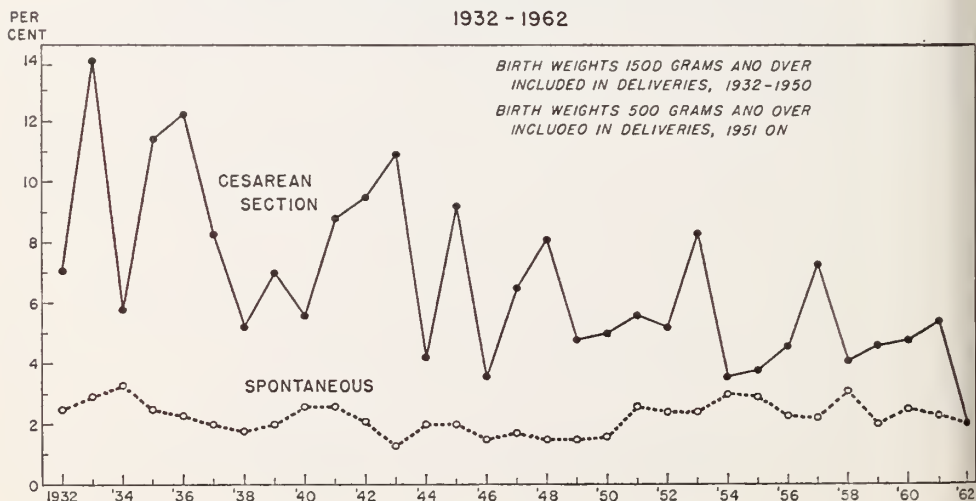


FIG. 9
INCIDENCE OF PERINATAL MORTALITY
IN TOTAL FORCEPS AND SPONTANEOUS DELIVERIES
1932-1962

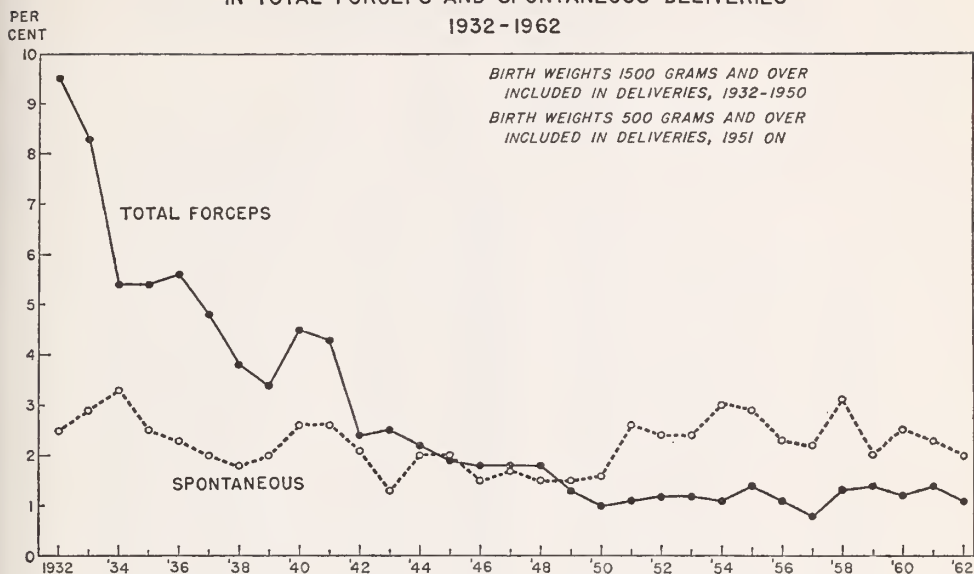


FIG. 10
INCIDENCE OF HYSTERECTOMY
IN ALL GYNECOLOGICAL OPERATIONS
1932-1962

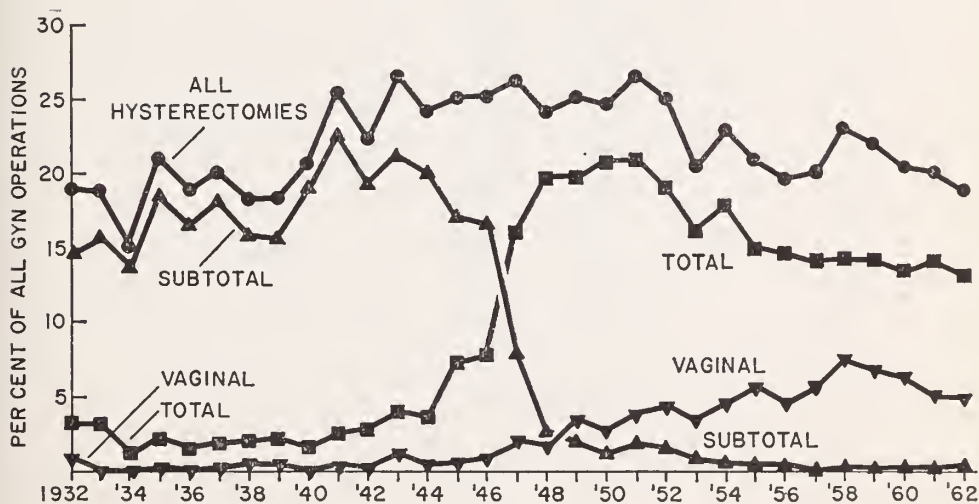


TABLE 1

Total Deliveries, Infants, Abortions, Pregnancies and
Total Discharges

Indoor Service 1932-1962

	<i>Deliveries</i>	<i>Infants</i>	<i>Abortions</i>	<i>Pregnancies (deliveries and abortions)</i>	<i>Total Discharges</i>
1932.....	732	742	33	765	904
1933.....	2,619	2,650	163	2,782	3,325
1934.....	2,637	2,672	167	2,804	3,384
1935.....	2,659	2,682	179	2,838	3,387
1936.....	2,653	2,688	217	2,870	3,361
1937.....	2,732	2,767	228	2,960	3,462
1938.....	2,925	2,958	234	3,159	3,622
1939.....	2,771	2,791	221	2,992	3,433
1940.....	2,913	2,942	205	3,118	3,623
1941.....	2,890	2,919	236	3,126	3,609
1942.....	3,151	3,191	273	3,424	3,944
1943.....	3,253	3,291	264	3,517	4,016
1944.....	3,230	3,259	327	3,557	4,115
1945.....	3,196	3,236	285	3,481	4,098
1946.....	3,510	3,563	433	3,943	4,523
1947.....	3,979	4,041	390	4,369	4,908
1948.....	3,976	4,039	382	4,358	4,892
1949.....	3,824	3,870	393	4,217	4,742
1950.....	3,841	3,907	440	4,281	4,842
1951.....	4,242	4,293	427	4,669	5,285
1952.....	4,149	4,195	446	4,595	5,190
1953.....	3,963	4,024	403	4,366	4,955
1954.....	4,022	4,078	442	4,464	5,046
1955.....	4,096	4,136	463	4,559	5,169
1956.....	4,208	4,268	555	4,763	5,360
1957.....	4,253	4,301	469	4,722	5,290
1958.....	4,320	4,371	455	4,775	5,324
1959.....	4,936	4,990	471	5,407	6,009
1960.....	5,003	5,069	491	5,494	6,050
1961.....	4,974	5,030	557	5,531	6,134
1962.....	4,768	4,808	532	5,300	5,845
TOTAL.....	110,425	111,771	10,781	121,206	137,847

TABLE 2

Spontaneous and Operative Deliveries by Year
Indoor Service 1932-1962

	<i>Spontaneous</i>	<i>Operative</i>	<i>Total</i>
1932.....	553	179	732
1933.....	2,044	575	2,619
1934.....	2,015	622	2,637
1935.....	2,109	550	2,659
1936.....	1,988	665	2,653
1937.....	2,078	654	2,732
1938.....	2,220	705	2,925
1939.....	2,122	649	2,771
1940.....	2,251	662	2,913
1941.....	2,188	702	2,890
1942.....	2,309	842	3,151
1943.....	2,459	794	3,253
1944.....	2,395	835	3,230
1945.....	2,294	902	3,196
1946.....	2,529	981	3,510
1947.....	2,774	1,205	3,979
1948.....	2,655	1,321	3,976
1949.....	2,571	1,253	3,824
1950.....	2,498	1,343	3,841
1951.....	2,846	1,396	4,242
1952.....	2,627	1,522	4,149
1953.....	2,491	1,472	3,963
1954.....	2,561	1,461	4,022
1955.....	2,544	1,552	4,096
1956.....	2,627	1,581	4,208
1957.....	2,596	1,657	4,253
1958.....	2,676	1,644	4,320
1959.....	3,099	1,837	4,936
1960.....	3,064	1,939	5,003
1961.....	3,222	1,752	4,974
1962.....	2,994	1,774	4,768
TOTAL.....	75,399	35,026	110,425

TABLE 3

Deaths and Death Rates Per 1,000 Discharges on the Obstetrical and
Gynecological Services for Each Five Year Period and
for the Total Thirty Years

	1932-1937	1938-1942	1943-1947	1948-1952	1953-1957	1958-1962	Total
OBSTETRICS							
Discharges.....	22,321	20,533	21,615	24,912	25,799	29,321	144,501
Deaths.....	50	25	20	13	13	11	132
Death Rate per 1,000.....	2.2	1.2	0.9	0.5	0.5	0.4	0.9
Autopsies.....	24	12	12	6	9	10	73
Per Cent Autopsies.....	48.0	48.0	60.0	46.2	69.2	90.9	55.3
GYNECOLOGY							
Discharges.....	4,469	6,525	7,657	9,881	11,542	13,017	53,091
Deaths.....	30	47	48	69	61	62	317
Death Rate per 1,000.....	6.7	7.2	6.3	7.0	5.3	4.8	6.0
Autopsies.....	15	27	26	53	31	38	190
Per Cent Autopsies.....	50.0	57.4	54.2	76.8	50.8	61.3	59.9

TABLE 4

Changing Causes of Maternal Deaths in the New York Lying-In Hospital

September 1, 1932—December 31, 1962

Deaths and Percentage Distribution by Cause in the Periods 1932-1937, 1938-1942, 1943-1947, 1948-1952, 1953-1957, 1958-1962

	1932-1937		1938-1942		1943-1947		1948-1952		1953-1957		1958-1962		Total	
	Deaths	% of Total	Deaths	% of Total	Deaths	% of Total	Deaths	% of Total	Deaths	% of Total	Deaths	% of Total	Deaths	% of Total
Infection.....	11	22.0	6	24.0	1	5.0	1	7.7	1	7.7	1	9.0	21	15.9
Pneumonia.....	6	12.0	..	..	1	5.0	..	..	1	7.7	..	..	8	6.1
Hemorrhage.....	11	22.0	5	20.0	3	15.0	..	..	..	..	..	..	19	14.4
Toxemia.....	3	6.0	1	4.0	..	..	1	7.7	..	..	..	..	5	3.8
Heart Disease.....	5	10.0	4	16.0	3	15.0	6	46.1	4	30.8	1	9.1	23	17.4
Cancer.....	1	2.0	..	..	4	20.0	4	30.8	3	23.0	1	9.1	13	9.7
Embolus.....	4	8.0	6	24.0	2	10.0	..	..	1	7.7	..	..	13	9.7
Cerebrovascular Accident.....	2	4.0	1	4.0	3	15.0	..	..	..	..	..	..	6	4.5
Renal Disease.....	2	4.0	..	..	1	5.0	1	7.7	2	15.4	1	9.1	7	5.3
Anesthesia.....	1	2.0	1	4.0	..	..	..	..	..	..	1	9.1	3	2.2
Transfusion Reaction.....	..	..	..	..	2	10.0	..	..	..	..	..	..	2	1.5
Tuberculosis (1 miliary, 1 meningitis).....	1	2.0	..	..	..	..	..	..	..	..	1	9.1	2	1.5
Asthma.....	..	..	..	..	..	..	..	..	..	..	1	9.1	1	0.8
Blood dyscrasis.....	1	2.0	..	..	..	..	..	..	..	..	..	..	1	0.8
Cushing's Disease.....	..	..	..	..	..	..	..	..	..	..	1	9.1	1	0.8
Necrosis of liver.....	..	..	..	..	..	..	..	..	..	..	1	9.1	1	0.8
Postoperative to granulosa cell tumors of ovaries (? benign).....	..	..	..	..	..	..	..	..	1	7.7	..	..	1	0.8
Scleroderma.....	..	..	..	..	..	..	..	..	..	..	1	9.1	1	0.8
Sickle Cell HbC disease (Crisis).....	..	..	..	..	..	..	..	..	..	..	1	9.1	1	0.8
Subacute colitis.....	..	..	1	4.0	..	..	..	..	..	..	..	..	1	0.8
Suicide (undelivered).....	1	2.0	..	..	..	..	..	..	..	..	..	..	1	0.8
Undetermined (insufficient data).....	1	2.0	..	..	..	..	..	..	..	..	..	..	1	0.8
TOTAL.....	50	100.0	25	100.0	20	100.0	13	100.0	13	100.0	11	100.0	132	100.0

TABLE 5
Changing Causes of Maternal Deaths in Order of Magnitude
September 1, 1932—December 31, 1962

Causes of Death	1932-1937		1938-1942		1943-1947		1948-1952		1953-1957		1958-1962*	
	Rank	Number of Deaths	Rank	Number of Deaths	Rank	Number of Deaths	Rank	Number of Deaths	Rank	Number of Deaths	Rank	Number of Deaths
Infection.....	1	11	1	6	4	1	3	1	4	1	1	1
Hemorrhage.....	1	11	2	5	2	3	..	..	..	..	..	..
Pneumonia.....	2	6	..	..	4	1	..	..	4	1	..	..
Heart Disease.....	3	5	3	4	2	3	1	6	1	4	1	1
Embolus.....	4	4	1	6	3	2	..	..	4	1	..	..
Toxemia.....	5	3	4	1	..	..	3	1	..	..	..	..
Cerebrovascular Accident.....	6	2	4	1	2	3	..	..	..	..	..	..
Renal Disease.....	6	2	..	..	4	1	3	1	3	2	1	1
Anesthesia.....	7	1	4	1	..	..	..	..	..	..	1	1
Blood Dyscrasia.....	7	1	..	..	..	..	..	..	..	..	..	..
Cancer.....	7	1	..	..	1	4	2	4	2	3	1	1
Tuberculosis.....	7	1	..	..	..	..	..	..	..	..	1	1
Transfusion Reaction.....	..	..	..	..	3	2	..	..	..	..	..	..
Asthma.....	..	..	..	..	..	..	..	..	..	..	1	1
Cushing's Disease.....	..	..	..	..	..	..	..	..	..	..	1	1
Necrosis of Liver.....	..	..	..	..	..	..	..	..	..	..	1	1
Postoperative to Granulosa Cell Tumors of Ovaries, (? Benign)	..	..	..	..	..	..	..	..	4	1	..	..
Scleroderma.....	..	..	..	..	..	..	..	..	..	..	1	1
Sickle Cell Hb C Disease (Crisis)	..	..	..	..	..	..	..	..	..	..	1	1
Subacute Colitis.....	..	..	4	1	..	..	..	..	..	..	..	..
Suicide.....	7	1	..	..	..	..	..	..	..	..	..	..
Undetermined.....	7	1	..	..	..	..	..	..	..	..	..	..
TOTAL DEATHS.....	50	25	..	20	..	13	..	13	..	13	..	11

* In the last 5-year period, there was one each of 11 causes of death, 5 of these causes occurring only in this time period.

TABLE 6

PER CENT OF PERINATAL DEATHS IN EACH BIRTH WEIGHT CATEGORY													
PERINATAL DEATHS													
TOTAL INFANTS†													
		1932-1938	1939-1945	1946-1950	1951-1956	1957-1962	Total	1932-1938	1939-1945	1946-1950	1951-1956	1957-1962	Total
Birth Weight in grams													
500- 999	7	4	11	178	180	380	7	2	---	165	171	345	100.0
1,000-1,499	81	69	75	196	254	675	48	23	---	131	171	373	59.3
1,500-1,999	229	271	247	313	410	1,472	96	104	74	88	114	476	41.9
2,000-2,499	737	818	855	1,192	1,410	5,012	104	83	77	93	86	443	14.1
2,500-2,999	2,585	3,295	3,118	4,442	5,926	19,366	102	109	57	71	95	434	3.9
3,000-3,499	6,248	7,955	7,414	9,781	11,512	42,910	127	143	78	83	65	496	2.0
3,500-3,999	5,353	6,746	5,713	6,764	6,820	31,396	112	106	51	37	35	341	2.1
4,000-4,499	1,643	2,123	1,725	1,858	1,794	9,143	48	55	27	10	12	152	2.9
4,500-4,999	233	305	213	225	1,293	1,203	15	15	2	5	4	41	6.4
5,000+	39	33	42	28	31	173	9	1	6	3	2	21	23.1
Not Stated	4	10(2)*	7(5)	17(10)	3	41(17)	4	7(1)	3(2)	10(7)	3	27(10)	100.0
TOTAL	17,159	21,629	19,420	24,994	28,569	111,771	672	648	375	696	758	3,149	3.9
Known Weight	17,067	21,548	19,332	24,613	28,132	110,692	613	617	374	397	413	2,414	3.6
2,500+	16,101	20,459	18,230	23,108	26,310	104,208	413	430	223	216	213	1,495	2.6
PER CENT OF NEONATAL DEATHS AMONG LIVE BIRTHS IN EACH BIRTH WEIGHT CATEGORY													
NEONATAL DEATHS													
LIVE BIRTHS													
500- 999	4	4	11	109	110	238	4	2	---	96	101	203	100.0
1,000-1,499	58	62	75	142	186	523	25	16	---	77	103	221	43.1
1,500-1,999	188	222	207	264	366	1,247	55	55	34	39	68	251	29.3
2,000-2,499	679	774	818	1,142	1,365	4,778	46	39	40	43	41	209	6.8
2,500-2,999	2,523	3,226	3,043	4,339	5,378	19,109	40	22	22	28	47	177	1.6
3,000-3,499	7,874	9,733	9,736	11,482	11,482	42,636	50	62	37	38	35	222	0.8
3,500-3,999	5,282	6,681	5,681	6,747	6,807	31,200	41	43	19	20	22	145	0.8
4,000-4,499	1,610	2,085	1,713	1,853	1,787	9,048	15	17	15	5	5	9	0.9
4,500-4,999	222	294	211	220	224	1,171	4	4	1	1	1	2	3.2
5,000+	31	33	36	25	29	154	1	1	2(1)	8(5)	3	16(7)	100.0
Not Stated	1	5(2)	6(4)	15(8)	3	30(14)	1	2(1)	2(1)	3(2)	40.0	33.3	40.0
TOTAL	16,769	21,262	19,214	24,652	28,237	110,134	282	281	169	354	426	1,512	1.7
Known Weight	16,677	21,169	19,118	24,552	28,132	109,982	282	281	169	354	426	1,512	1.7
2,500+	16,101	20,459	18,230	23,108	26,310	104,208	413	430	223	216	213	1,495	2.6

(Continued on page 78)

TABLE 6—Continued

	LIVE BIRTHS					NEONATAL BIRTHS					PER CENT OF NEONATAL DEATHS AMONG LIVE BIRTHS IN EACH BIRTH WEIGHT CATEGORY							
	1932-1938	1939-1945	1946-1950	1951-1956	1957-1962	Total	1932-1938	1939-1945	1946-1950	1951-1956	1957-1962	Total	1932-1938	1939-1945	1946-1950	1951-1956	1957-1962	Total
Known Weight.....	16,706	21,193	19,126	24,394	27,938	109,357	252	262	168	178	219	1,079	1.5	1.2	0.9	0.7	0.8	1.0
1,500+	15,839	20,197	18,101	22,988	26,207	103,332	151	168	94	96	110	619	0.9	0.8	0.5	0.4	0.4	0.6
2,500+																		

*Of weight not stated, number known to be full term.

EXPLANATORY FOOTNOTE

†Total infants include multiple births. Perinatal deaths include deadborn and neonatal deaths.

**Until 1946 length of infant could determine classification of *premature* in an infant weighing less than 1,500 grams; otherwise 1,500 grams was the lower limit of premature classification, lower weights having been classified for statistical purposes as abortions unless the infants survived, in which case they were included among premature infants. From 1946-1950 only survivals weighing less than 1,500 were counted among infants and recorded as "Immature Survivals". In 1951 the lower limit for premature delivery was reduced to 500 grams birth weight. The weight specific rates for the categories 500-999, and 1,000-1,499 cannot be satisfactorily compared in the several time periods except for the last two, 1951-1956, and 1956-1962 when all deadborn as well as live births weighing 500 or more grams at birth were included among infants, and deadborn and neonatal deaths known to have occurred up to and including 31 days of age were included in perinatal mortality.

This accounts for the arrangement of years 1932-1945 divided into two periods for comparisons, 1946-1950 marking the transition period, and 1951-1962 divided into two periods for comparison.

For categories 1,500 grams birth weight and over the time periods are comparable except for the fact that neonatal mortality comprised deaths through the 14th postpartum day only from 1932-1950.

TABLE 7

Per Cent Incidence of Selected Complications of Pregnancy in Total Deliveries
1932-1937, 1938-1942, 1943-1947, 1948-1952, 1953-1957, 1958-1962

	1932-1937		1938-1942		1943-1947		1948-1952		1953-1957		1958-1962		Total	
	Number	Per Cent	Number	Per Cent	Number	Per Cent	Number	Per Cent	Number	Per Cent	Number	Per Cent	Number	Per Cent
Placenta previa.....	81	0.6	73	0.5	66	0.4	84	0.4	88	0.4	102	0.4	494	0.4
Premature separation.....	67	0.5	37	0.3	82	0.5	190	0.7	231	1.1	270	1.1	877	0.8
Rupture—Uterus.....	6	0.04	7	0.05	6	0.03	6	0.03	3	0.01	8	0.03	36	0.03
Inversion of uterus.....	5	0.04	2	0.01	4	0.02	2	0.01	2	0.01	..	0.0	15	0.01
Postpartum hemorrhage.....	701	5.0	386	2.6	313	1.8	491	2.5	306	1.5	366	1.6	2,563	2.4
Contracted pelvis.....	1,666	11.9	916	6.3	781	4.5	893	4.5	565	2.8	730	3.0	5,551	5.0

TABLE 8

Per Cent Total Incidence of Selected Obstetrical and
Medical Complications

1932-1962

<i>Obstetrical</i>	<i>Number</i>	<i>Per Cent of Total Deliveries</i>
Twins.....	1,274	1.2
Premature Delivery.....	5,898	5.3
Breech Presentation.....	4,594	4.2
Other Abnormal Presentation:		
Transverse.....	286	0.3
Oblique.....	32	0.03
Face.....	249	0.2
Brow.....	133	0.1
Compound.....	107	0.1
		<i>Per Cent of Total Pregnancies</i>
Extrauterine Pregnancy.....	504	0.4
Thrombophlebitis.....	1,087	0.9
<i>Medical:</i>		
Heart Disease.....	4,112	3.4
Pulmonary Tuberculosis, active.....	244	0.2
Pulmonary Tuberculosis, inactive.....	1,775	1.0
Diabetes.....	485	0.4

TABLE 9

Highlights in Reduction of Risks in Pregnancy

Comparison of the Years 1932-3, 1942, 1952, and 1962

	<i>Per Cent of Pregnancies</i>			
	<i>1932-33</i>	<i>1942</i>	<i>1952</i>	<i>1962</i>
Puerperal infection.....	8.6	5.8	1.2	0.8
Total febrile morbidity.....	11.4	8.6	1.9	1.3
Eclampsia.....	0.3	0.2	0.1	0.1
Severe preeclampsia.....	1.2	0.6	0.7	0.6
	<i>Per Cent of Deliveries</i>			
Prolonged labor (30+ hours).....	8.4	9.3	1.5	0.3
Deaths from hemorrhage.....	2	1	0	0
Maternal mortality (per 1,000 adult discharges).....	2.6	2.0	0.8	0.5
Perinatal mortality (per cent in infants of 1,500 grams or more birth weight).....	4.5	3.1	1.6	1.3

TABLE 10

Type of Delivery in Patients Having Had Previous Cesarean Section

1932-1962

	1932-1937		1938-1942		1943-1947		1948-1952		1953-1957		1958-1962		Total	
	Number	Per Cent	Number	Per Cent	Number	Per Cent	Number	Per Cent	Number	Per Cent	Number	Per Cent	Number	Per Cent
<i>Type of Delivery</i>														
Cesarean Section	100	51.0	132	62.6	192	64.4	290	66.5	352	64.7	446	60.4	1,512	62.4
Operative	43	21.9	50	23.7	63	21.2	98	22.5	121	22.2	192	26.0	567	23.4
Spontaneous	53	27.1	29	13.7	43	14.4	48	11.0	71	13.1	100	13.6	344	14.2
Total	196	100.0	211	100.0	298	100.0	436	100.0	544	100.0	738	100.0	2,423	100.0
Total Vaginal	96	49.0	79	37.4	106	35.6	146	33.5	192	35.3	292	39.6	911	37.6

TABLE 11

Live Births Occurring in New York City, in Borough of
Manhattan, and in New York Lying-In Hospital

1933-1962

	<i>New York City Total</i>	<i>Occurring in Manhattan</i>	<i>Occurring in New York Lying-In</i>	<i>Per Cent of Total Live Births in Manhattan Occurring in New York Lying-In Hospital</i>
1933-1937.....	505,891	159,549	13,146	8.2
1938-1942.....	557,949	177,958	14,508	8.2
1943-1947.....	710,031	220,154	17,178	7.8
1948-1952.....	797,639	259,556	20,064	7.7
1953-1957.....	823,239	259,902	20,539	7.9
1958-1962.....	835,840	252,013	23,977	9.5
1933-1962.....	4,230,589	1,329,132	109,412	8.2

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